

PHILADELPHIA MEDICAL TIMES.

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VOL. XIX

ORIGINAL ARTICLES.

SUCCESS AND FAILURE OF ELECTROLYSIS IN URETHRAL STRICTURES, ESPECIALLY DR. KEYES' METHOD REVIEWED.

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IN the *New York Medical Journal* of October 6, 1888, an article entitled,

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"The Curability of Urethral Stricture by Electricity," "An investigation," by E. L. Keyes, M.D., appeared.

My first intention was to let the article pass without notice, awaiting to be summoned, as I know I shall be, to attend the requiem mass chanted over it, by the great scientists of the age, ere it is committed to the grave without hope of resurrection. But as I, in the article termed "the apostle of this creed," am charged with being "largely responsible in this country for modern

electrolytic fervor as relating to urethral matters," "by most pretentious statements of results," which I am unable to sustain, when operating under the impartial eye of Dr. Keyes, it seems to me to be just to those surgeons upon whose "imagination" I have imposed, and to myself, that I should give a truthful statement of all that passed between Dr. Keyes and myself regarding the cases which he has in his paper, mentioned my name in connection with, as well as be permitted to comment upon the results stated by Dr. Keyes in his tabulated report. I therefore divide my paper in two parts: Part I referring to cases VIII and IX, and Part II, to the remainder of Dr. Keyes' article.

PART I.

It is worthy of note that no important advance in science has ever been made without determined opposition from those who, from motives best known to themselves, are unwilling to admit that there can be better and easier paths than those they have been accustomed to travel. Galileo, on announcing that the earth revolved around the sun, was seized, condemned as a heretic, and under the penalty of death commanded to retract. Franklin was ridiculed when he asserted that he could draw lightning from the clouds and bottle it. Fulton was thought crazy when he said he could propel a ship by steam. Dr. Harvey was jeered at when he advanced his theory of the circulation of the blood. To-day all they said is accepted, and we wonder how people could have thought otherwise.

Investigations of scientific subjects are generally conducted for either the benefit of humanity at large, or the gratification of the investigator. In the first instance they are, if intended to be of any value as to their results, conducted openly, honestly and impartially, the only object of the investigation being the ascertainment of the truth. In the second instance, the object of the investigation being only to satisfy some personal desire of the investigator, whether the investigation be conducted honestly or dishonestly of necessity depends entirely upon the purpose, whim, or caprice of the investigator.

In Dr. Keyes' article we find these words: "The case treated by Dr. Newman." "Case VIII." It is necessary that I should state, from Dr. Keyes' letter to me, exactly the circumstances under which I began the treatment of that case. January 10, 1888; Dr. Keyes wrote me, expressing his desire to investigate the electrolytic method of curing stricture of the urethra, and, among other things, said: "If the method yields as good results in the hands of others as you get, it should be popularized." I forthwith wrote Dr. Keyes that I would afford him such aid as I could in his investigation. Though I must confess that, judging from what Dr. Keyes has said in the past, I had little or no doubt but that the outcome of his investigation would be just what he has published or obtained in the manner that he has. On January 21, 1888, Dr. Keyes wrote me: "I will ask to send one case to you. *I will examine it before it goes, and after you pronounce it cured* [*Italics my own*], if you will allow me to do so." Shortly thereafter the patient came to me accompanied by Dr. Keyes' assistant, together with a card from Dr. Keyes in these words: "Will you kindly treat this patient, who has double linear stricture, and let Dr. Fuller watch the process. I have his present condition written down." The patient was of the charity order; his residence was not vouchsafed to me, nor was I aware that the assistant was making secret notes of what I said and did; that even casual remarks were being quoted as scientific deductions, such as it was due * * * to the "blizzard," with such omissions as he saw fit to make. Presumably Dr. Keyes was ignorant of all this, for I would not lightly charge him (especially when he "entered the investigation," as he says, "without bias." * * * * *) "and from no motive except that of attempting to throw light upon a subject which is usually shrouded in much mystery"), with knowledge of such a proceeding, nor do I intend to intimate that he was an accessory before or after to such a course, except in so far as he by his own paper admits.

On examination I found two strictures, one at four and one-half and the

other at five and one-quarter inches from the meatus, and that I found a cicatrix. On February 6, 1888, Dr. Keyes wrote: "Don't let us go on with the D. case (Case VIII) unless you are willing to abide by the result, for it will be loss of time. I will look up another which has not been cut." It will be observed that the investigation has at this point changed; it is no longer for personal information, but has become "star chamber" in its character. I, as a matter of course, declined to allow any case, which was not absolutely under my control, to be used as a test case, when I had hundreds to show, with indisputable proof as to results; nevertheless I did not decline to continue treatment of the patient; for had I, as I might, justifiably, doubtless I would have been accused of refusing to aid a brother practitioner in his attempt "to throw light upon a subject which is usually shrouded in much mystery." The treatment of the case proceeded till July 2, 1888, when Dr. Keyes withdrew the patient against my protest. On June 26, 1888, Dr. Keyes wrote me: "I shall sail for Europe next Tuesday morning, July 3. If, therefore, you could this week send me a report about D. (Case VIII), whom you are kindly treating for me, I shall be obliged to you, as I expect to be away all summer." On June 28, 1888, I wrote: "The present state of D. (Case VIII), whom you sent to me for treatment for, as you expressed it, double linear stricture at four and one-half inches, etc.; at the present time that stricture has entirely disappeared. Nevertheless, as the patient is not well or cured, I found on examination, when D. first came to me, a second stricture at five and one-quarter inches from meatus, also contracture of the bladder, which propelled the sound, and sometimes caused such spasm that no instrument would pass beyond six inches. There is much irritation and discharge of mucus, pus and blood from the urethra. The second stricture is improved so that a No. 25 French will pass; but the ring constituting the stricture can be felt distinctly, and is not cured at the present time. For the spasm of the bladder he has not received any treat-

ment, and the galvanic current certainly will never cure spasmodic actions of the bladder and urethra. I propose to treat D. for the latter trouble during the hot season, taking time, and report to you later in extenso. With," etc.

July 2, 1888, Dr. Keyes replied as follows: "I thank you for your letter, and particularly for your kindness in facilitating my study of the subject. *I have examined D.* [Italics my own.] You state that the only remaining trouble with him is deep urethral (or somewhere near the neck of the bladder) spasm, and that electricity is not competent to overcome this condition. Therefore, while again thanking you, will you allow me to ask you not to give D. any further treatment, that I may have an opportunity to examine him again in the autumn in order to determine his ultimate condition." Why did Dr. Keyes write me this note, withdrawing the patient, on the second of July, when he knew I could neither see him personally nor reply by letter before he sailed for Europe; for he had written, "I shall sail for Europe next Tuesday morning, July 3d," under date of June 26th.

July 18, 1888, I wrote Dr. Keyes: "In your favor mentioned, you change somewhat my plan in not letting me treat D. for the present, saying it will facilitate your study of the subject. As such I consider it, and your intention is perhaps best for that purpose. But I wish to call your attention again to my former letter, of the 28th of June, in which I said that the case is not cured; and, again, that I did not treat the case with its complications, but only the strictures as desired; and, further, as I had not the patient under my sole control, even did not know his residence or whereabouts, the result is not as favorable nor cured as I desired to see it."

Dr. Keyes, on Sept. 5, 1888, wrote: "I am just back from my trip. I have not yet seen D." He then stated that he intended to say at a Congress in Washington all that he knew about electrolysis as a method of treating stricture: also telling when he was to read his paper; and further stating: "You have been most kind in assisting my study of the matter; but I regret to say that

my final conclusion is not favorable. When I see D., I shall examine into his present condition, and add that to the paper." He concluded by stating that he thinks it hardly proper "to report your [my] case without asking you to be present," etc.

On Sept. 13, 1888, Dr. Keyes wrote: "I have examined D., and find recontraction—his stricture being at $4\frac{1}{2}$ inches. I cannot find that any improvement has followed the use of electricity; and on close questioning I learn that his strictured area never had been cut [as he had allowed me to suppose]; but that the cutting was a meatotomy. Under these circumstances, I see no escape from reporting the case a failure; and since [there was no previous cutting], it seems to me to demonstrate that electricity has signally failed in removing organic stricture in this case. I am sorry it has so turned out; but so certainly it is."

Certainly I protested against Dr. Keyes' method of procedure; but without avail.

I have quoted these letters thus *in extenso*, and grouped them together:—

First. In order that the reader may judge whether Dr. Keyes kept his agreement with me: viz., "I will ask to send one case to you. *I will examine it before it goes, and after you pronounce it cured.*" [Italics my own.] It is to be presumed Dr. Keyes examined the patient before he sent him to me; for he states that he found, as I did, double *linear* [Italics my own] stricture at $4\frac{1}{2}$ inches from the meatus. Next, did he wait for further examination till I "pronounced it cured?" His own letters show that he not only did not, but that he examined the patient when I said the stricture was not cured, and withdrew him from my care against my will. This is confessed in the surreptitious notes of his assistant. How are we to know how many other explorations of the urethra were made by any one during the progress of our treatment? Were I under a contract with Dr. Keyes to cure D. or pay a penalty for failure, could he recover the penalty under this proof? This is a test of whether I failed with electrolysis. I am informed, on submitting the correspondence to a legal gentleman, that he

could not; because, as the man of law puts it, he has, by his own acts, put it beyond my power to carry out the contract." My position is, as the legal gentleman says, like to "where A agrees to build a house for B, and to have it finished in a given time, B to furnish materials as A requires. B fails to furnish the materials as required by A; A fails to complete the work at the given time; B sues A for failing to fulfil his contract. He loses his case upon the ground that he has broken his contract, in that by his acts he prevented A from completing the work at the given time.

Second. That the reader may judge for himself whether Dr. Keyes conducted the investigation fairly, impartially, and with what end in view. Why was the residence of the patient concealed from me, and why were notes made of only so much of my procedure as his assistant saw fit? Would it not at least have been honorable to have made those notes in my presence, or at least with my knowledge? A few brief remarks as to those notes will satisfy any impartial reader of their utter worthlessness. For instance: May 23: "No. 25 electrode, five milliamperes, ten minutes; will not enter the bladder." This note does not state whether the electrode passed the strictures, but simply "will not enter the bladder." How does the gentleman know this? I was operating, not he. Did I try to enter the bladder with the electrode? Certainly I did not. It was wholly unnecessary. The note does not say that I tried to enter the bladder with the electrode; but it certainly leaves room for the reader to conjecture that I did and failed. It is certainly an *innuendo* to that effect, without a scintilla of truth in it. On "April 17, Dr. Keyes tested the patient as to his condition to-day. He found that only 12 (F.) would pass easily; the stricture bleeds; the meatus takes 29 (F.)." This is waiting for examination till I pronounce the patient cured. On the next day (18th) the patient is presented to me, and on examination I refuse to apply electricity. (See note of 18th April.) At that time I did not know of Dr. Keyes' performance on the 17th, but finding a condition of the stricture for

which I was unable to account, sent the patient away for a week. I have not gone into the details of the printed report of Case VIII, because it seems to me that any one, by comparing the correspondence between Dr. Keyes and myself with those notes, will find food for meditation, the result of which will not be unfavorable to your humble servant.

"Case IX."—E. S. E. Dr. Keyes presented this case to his readers in these words. "The patient I now present for your inspection is a lamentable instance of the harm that may be done by the use of electricity in the urethra in careless hands," and further on says the patient got rather worse than better under Dr. Newman's treatment. I desire to put a few questions in order to determine how Dr. Keyes arrived at these conclusions. Had Dr. Keyes examined the patient before I began treatment, and if he had not, how is he to know in what condition the urethra was before I commenced, or does he rely on what the patient said? The truth of the matter is, that the patient came to me for treatment before he went to Dr. Keyes, viz., on June 2. On examination I found that a No. 9 Fr. catheter passed with great difficulty, and only over a filiform guide. My last note is—Electrolysis No. 17, Fr., egg shaped bulb, tunnelled electrode, was introduced over a filiform guide—the trouble is only from two to three inches, after which the electrode passed at once into the bladder. No guide is any longer necessary. At this point I declined to continue further treatment of the patient, for reasons which if necessary I will give, but certainly not as Dr. Keyes alleges I said, "knowing his not to be a suitable case." If Dr. Keyes understood me to say so, he most certainly misunderstood me. On my declining to further treat, the patient turned to me and said he feared lest he should fall into the hands of some quack, and asked me to recommend some reputable genito-urinary surgeon. I replied, "go to Dr. Keyes."

In the above condition and under the above circumstances, the patient came to Dr. Keyes. Was he worse or better? Is a urethra admitting a No. 17 Fr. electrode worse or better than when

from stricture it only admitted a No. 9 Fr.? Why has Dr. Keyes mentioned my name in connection with the case, when he admits that all the damage was done by a Brooklyn homœopath?

How did Dr. Keyes relieve this patient? He cut twice, once up to No. 40 Fr., and the second time to No. 44, "cutting through the sheath of the urethra; indeed cutting everything except the skin." Was that treatment judicious?

PART II.

Dr. Keyes' article condemns electrolysis, thereby my method of treating urethral strictures, etc. In defending myself my task would have been easier to have dealt with facts than with surmises.

Dr. Keyes, in convincing his readers that I am all wrong, begins his article with:

"A widespread belief exists in the community. This belief includes the three presumptions: (1.) That any one, by following rules, may use the method successfully. (2.) That electricity does no harm to the urethra. (3.) That stricture cured by electricity is dissipated by absorption, and the urethra remains permanently open."

Surely it is no fault of mine, nor do I see how I can be held responsible for what a community presumes and believes. I will subscribe to No. 3, as in my extensive experience I always found on re-examination that patients once cured of urethral strictures by electrolysis suffered no re-contraction, and such re-examinations were made after from one to eleven years, respectively, by myself, and confirmed by the family physician. But I never said that any one can operate by electrolysis successfully, and that electricity will do the urethra no harm. On the contrary, I have in all my writings insisted on certain qualifications of the operator, and shown why some operators must necessarily fail. Among others, I will quote from my articles (*Armamentarium*, etc.): "If the foregoing rules are observed by an *expert in surgery and electricity*, success must follow. This has been proven by a vast amount of clinical facts. Some are aggrieved to hear that to succeed it is necessary to

understand electricity and the handling of the genito-urinary instruments. If operators who are unskilled or careless fail in their undertaking, it does not condemn an acknowledged good operator. If some gentlemen use too strong currents, or the positive instead of the negative pole, they make gross mistakes, must necessarily fail, destroy tissues and ruin their patients."¹

"Now, in conclusion, electrolysis of urethral strictures must and will succeed in proper hands in every case that is intelligently and judiciously undertaken. The operation itself needs a clear head, a steady hand, fingers which both see and feel, patience and good discrimination in the application of the strength of current and length of sitting."

Similar phrases have been used by me, and certainly I have not said anything by which a competent medical man is led to believe that any one can use electrolysis successfully, or that electricity does no harm to the urethra. Even a layman will not believe so, as he occasionally reads that an electric wire has killed a man coming in contact with it, and since our Legislature has passed a law to use electricity instead of the gallows for capital punishment. In another sentence of Dr. Keyes' article I find my name mentioned first in connection with a case which concludes as follows: "The patient consulted Dr. Robert Newman as an authority upon urethral electrolysis, who assured him he had no stricture, but still proposed to remove his urethral symptoms by electricity. The patient returned to me unrelieved, declining further trial of electricity." I am utterly lost to know what the author of those lines wanted to prove thereby, or for what purpose he wrote. But I am told by others, that the unsophisticated reader may make his own inference, that Newman proposed an electric treatment, which was not indicated; that he did treat accordingly, and the patient returned to Dr. K. unrelieved.

While I know of no such case or facts, still I have corresponded with Dr. Keyes about a patient where there were some features in common. I therefore give

the facts from note-book. January 31, W. came to my office; never has had any venereal disease, but had slight discharges from urethra, particularly in the morning after having drunk champagne; complains of a nervous organization, which causes exhaustion at times; thinks he has stricture at $2\frac{1}{2}$ inches for six months; has been treated. Is a friend of Dr. Keyes, who has used deep urethral injections, which caused a profuse discharge and cystitis. Four days ago Dr. Keyes passed a bougie about as follows: No. 28 F. passed both ways; No. 30 passed tightly at $2\frac{1}{2}$, and returning would not pass, when he removed the instrument forcibly, causing pain and discharge. Dr. E. G. attends to him for nervous exhaustion, and Dr. W. treated him with the endoscope.

Examination. — A small bougie a boule causes sensitiveness. There are no indurations, the walls of the urethra feel soft; in fact, almost softer than in a normal state. Sometimes a contraction suddenly appears, which just as suddenly subsides. The slightest and most careful contact of the instrument with the mucous lining of the urethra causes a burning sensation. Patient feels nervous, and for further examination will call in a few days; says Dr. Keyes has sent him to me to be treated for urethral stricture by electrolysis, and he will have the electricity when he calls again. February 5, Electrode No. 28 F. egg-shaped bulb passed easily the suspected stricture at $2\frac{1}{2}$ inches; but at $3\frac{1}{2}$ a slight contraction suddenly appeared, and patient complained of pain. While the electrode was attached to the battery, but without any electric current being present, the index being at zero, patient complained of the severest burning he ever had in his life, which he imagined was done by the electricity. However, after practical demonstration, he had to acknowledge that the burning he thought he felt was not caused by electricity, as at that time no electricity was present. (Perhaps he had heard that electrolysis would burn.) The instrument detected sudden contractions, which disappeared. The whole examination on both days, as well as the history of the case, showed that there was

¹ Is Electrolysis a Failure?

no stricture, and that the contractions were due to spasm. On parting, I said: "Tell Dr. Keyes I said you have no stricture." It will be seen from the above notes that I examined the patient only, but certainly did not treat him; therefore, neither cure nor relief could be expected from me. From the correspondence it will be seen that Dr. Keyes wrote me on February 6, 1888: "I have constantly insisted that he had no urethral disease—more than a little deep congestion spasm, and a little neurosis * * * I told him that you were the electrolytic head-centre; and that is why he calls on you, and not that I thought he had stricture." As this conflicts with my notes made as stated by the patient, it is only justice to concede that neither Dr. Keyes nor myself are responsible for statements of patients who may unintentionally make mistakes in medical narratives, especially when they are excitable and nervous. I have stated in my notes what I understood the patient said, and certainly we believe everything that Dr. Keyes says. Why Dr. Keyes, who treated the patient for a neurotic condition, and knew there was no stricture present, gave his consent for electrolytic treatment for an alleged stricture by his family physician, I certainly do not know, and therefore cannot explain. The foregoing explanations are hardly necessary, except to show how and to what extent I was connected with this case, and to correct an impression which might be drawn from Dr. Keyes' article: namely, that I had treated the patient with electricity without relief.

The next part of the article is a resume of my rules in electricity, my statistics and conclusions, well given in abstract, from which is seen that I recommend electrolysis, and have reported undoubted successes. So have others. In opposition, Dr. Keyes relates his own experience in seven cases, six of which were decided failures, and which, treated as he states, could hardly have resulted otherwise, and one a success. He assures his readers that our relations have been most amicable, and I am very glad to hear this, as some who read the article might consider, from Dr. Keyes' report about me, that they were otherwise, even hostile. For my part, I have

done all I could to nourish these friendly feelings, and hope the amicable relations between Dr. Keyes and myself will always exist. I also acknowledge with pleasure the good service Dr. Keyes has done me, as, since his article appeared, my patients for electrolysis, sent me by physicians who have read Dr. Keyes' report, have largely increased. Some expert in electrolysis recently said: "Now, some failures of electrolysis have been reported by gentlemen who said they followed Newman's method in every particular. But the truth is that they only thought they used Newman's method, while in reality they did not, and that caused failures." Now, I regret exceedingly Dr. Keyes' failure. I wish he had succeeded, and am ready to assist him in any way I can. But, notwithstanding my repeated invitations to call and see for himself, he never came near me. Why he failed, I cannot say exactly, but will try to review his cases, and point out some facts which might have had some influence, and others from which I think some erroneous conclusions are drawn.

Case I. The patient is 74 years old; passes acid urine, somewhat turbid with pus, every two hours, with straining. Has been treated formerly for stricture by dilatation. At five inches is a tight stricture, admitting only a filiform whalebone. *January 30th.* Electrode, 16 Fr.; five milliampères; three minutes; no effects.

In two other sèances, No. 16 electrode; no effect.

Comment. My rules say, use no larger instrument, at utmost, than three sizes larger than the stricture; in the beginning even a smaller number; as in this case only a filiform would be admitted, a small electrode of No. 9, and certainly not larger than a No. 11, would be indicated. The No. 16 was decidedly too large, and it is perfectly natural that "no effect" is reported. After 16 would not pass, why was 16 again used at the next seance? Why was not a smaller instrument tried? The former experience should have been taken into consideration. Why was he not treated also for the turbid urine with pus, which was passed every two hours? Is this a case where the electrolysis must be held responsible for failures?

According to rules there could be no success. Whether some of the patient's symptoms were also due to an enlarged prostate is not stated.

In Case II the same mistake as commented on in Case I was made. There were two strictures present, admitting Nos. 19 and 23 Fr. respectively. Three numbers larger for the electrolysis would indicate a No. 22 and 26 respectively; as there are two strictures, and a drop of blood has followed the withdrawal of the instrument, it would have been judicious to begin with 21 or 22; but certainly no larger instrument ought to have been used than a 25 Fr.; even that could not be expected to pass the spot, which admitted only a No. 19. The number 30, used in this instance, was four to five sizes too large. If I understand the case correctly, the first stricture admitted only a No. 23, and that five weeks ago. The largest instrument used in dilatation was a No. 20 Fr. But it seems that my supposition and calculation are right when we find that at the next seance 22 Fr. bulb, four milliamperes, four minutes, "passed easily."

On April 23d, five different instruments were introduced at one sitting, and it seems with four instruments the electric current was used; such procedure is against any rules, and may cause a failure in almost every case. In one of my rules it is distinctly laid down that in one sitting only one instrument should be used.

Case III is such, that it is not fair to prove anything either way. On February 23d the report is entered, "mistaking the number, I try with some force (Italics are mine) to pass 21 Fr. soft (instead of 12); it will not go, but dilates the stricture. So that 16 Fr. bulb enters anterior stricture and allows me to use four milliamperes for six minutes, with a trace of blood. —Retention of urine for 24 hours after last sitting." The question arises whether the retention of urine was caused by the force used, or by the electricity, or arose from other causes. Dr. Keyes says: in this case, therefore, retention of urine was produced by the treatment, in which I fully concur.

Case IV seems to show that the electric treatment did some good, and en-

larged the calibre of the urethra. But the report closes as follows: "In this case urethral fever, laying the patient up in bed, was produced by the electricity, with retention of urine and great pain and distress:

Questions:—What reason has the reporter to state that all the distress was caused by electricity? Is it not a fact that as a rule urethral fever and chill is produced by the handling of instruments in the urethra after any method of treatment? Do experts in electricity sometimes or often cause urethral fever? By what authority is it stated that electricity creates or even can create urethral fever?

Is not vesical tenesmus a common symptom of cystitis? Is there any tangible proof in this case that electrolysis must be called a failure?

To-day Mr. C., one of my patients from Texas, told me that he had been treated for stricture by surgeons of international repute, by urethrotomy, divulsion and dilatation, and that such treatment was followed often by chills and fever, and twice by blood-poisoning, which once laid him up six weeks; then adds that my applications of electrolysis never caused any unpleasant symptoms, even without having taken quinine.

Case V.—"Patient had to use a catheter in order to urinate, while a 19 Fr. blunt steel sound entered the bladder. Only one application of electrolysis was made. Retention followed electricity, and two days later perineal swelling and great local tenderness, making it difficult to walk."

In this case the electricity nearly produced perineal abscess, and was abandoned.

Comment.—The history shows that the patient had retention before electricity was used. If a catheter No. 19 passed into the bladder, it certainly shows that the calibre of the urethra was large enough for voluntary micturition; but the patient could not urinate and had to use a catheter. Does that fact not prove that the retention was due to a pathological condition of the bladder, and not to the existence of a stricture?

Notwithstanding these facts the reporter accuses electricity, which was

applied only once, of having caused retention, perineal swelling, of nearly producing perineal abscess. How are we able to ascertain a nearly produced perineal abscess? I presume the gentleman possesses a "divining rod," which I "frankly" confess I have not.

In Case VI we find decided improvement after the use of electrolysis; in fact, a cure is admitted. But in the same breath the reporter almost apologizes for the patient's cure, and he then concludes that there had been no stricture, and if it was a stricture, it must have been a spasm of the bladder. What this all means I cannot understand. I understood Dr. Keyes to say that he investigated and tested electrolysis in strictures; therefore I expected him to select cases of organic strictures for his experiments. Certainly, he must know whether he has to deal with a stricture or spasmodic action. In the case under consideration he selected it, the electrolysis was tried, and after it had benefitted he tells us, "Oh, that was no stricture!"

In Case VII the electrolysis is used only *once*, for seventeen minutes, and no after effect of a disagreeable sort from the electricity. Patient is frightened, and desires to enter a hospital.

I cannot see that this case, with so meagre a record, can be admitted as a proof, pro or con.

My connection with cases 8 and 9 has been fully given. In Chapter I, of the remaining seven cases in Dr. Keyes' statistical table, we find one case, No. 6, acknowledged as "cure permanent;" and the result of the other six cases summarily dismissed with one stereotyped word—"failure." Two of these cases had just one electric application (Cases V and VII).

Please observe my summary of the seven cases given above in detail:

3 cases were not treated according to my rules. In cases 1 and 2, too large electrodes were used in the beginning, and in case 3 force by mistake was used.

2 cases (5 and 7) had only one electrolytic application.

1 case (No. 4) is doubtful throughout, as it is not shown how urethral fever and chill was caused.

1 case (No. 6) is permanently cured. Total, 7.

This is the result in brief of Dr. Keyes' impartial, unbiased investigation of electrolysis in the treatment of urethral strictures. This he concludes with the scientific remark, complimentary to all promoters of my method and reporters of successful cases, as follows:

"My study of the subject and the experience it has brought me, digested with all the impartiality I possess, lead me to state that the allegation that electricity, however employed, is able to remove organic stricture radically, lacks the requirement of demonstration. The confidence of its advocates that it will radically cure organic fibrous stricture is, in my opinion, due either to the combined credulity of the patient and imagination of the surgeon, or to some special but fortuitous act of Providence, upon the co-operation of which, in the case of his own patients, the general practitioner cannot with any confidence rely."

Therefore, it follows that Dr. Keyes' unfavorable report of seven cases stands as a fact for ever, like the Holy Bible; whereas the favorable reports of hundreds of cases by many medical men in different parts of the world are not worthy of belief, and are all "imagination." I am not disposed to quarrel or to argue about such a conclusion. Let us be good-natured and agree. I agree perfectly with Dr. Keyes that he has failed in his seven cases with electrolysis, and I cannot help admiring his truth and honesty in publicly acknowledging his failures. Certainly, patients who want to be treated by electrolysis will not go to Dr. Keyes, but to those who succeed with electrolysis. We know of many who do succeed, and about them I must say a word.

As a general rule, my method of electrolysis in urethral stricture has been accepted and practised in almost all parts of the world. All possible and even impossible objections made have been answered and shown to be groundless. In an editorial of the *New England Medical Monthly*, December, 1887, a long list of successful operators was published. Some failures have been reported; generally good reasons existed, why the attempts proved abortive (as stated above). In fact, it is wonderful that we do not hear of more failures,

for, since the method has been more generally known and tried, some enterprising manufacturers have sold my electrodes by thousands.

Many purchasers had not the slightest idea how the instruments were to be used, and thought that a fine instrument case made the possessor an operator. So far, in every case of inquiry from any physician, I have always given information, personally or by letter, and with all possible courtesy made demonstrations. Nothing has been kept back; all is open to the profession. But it is impossible to go over the same ground with every physician in the United States; there must be a limit to it. Extensive correspondence about the matter, many cases treated for charity's sake, and demonstrations for 19 years past, have worn on my system and vitality; but it has been done cheerfully for the general good. I was always ready to work again, and by any test to convince the incredulous investigator. All I asked was that trials should be conducted fairly and impartially. While I am writing, an article just published in the *International Journal for Surgery and Antiseptics* comes to my view: "Why Electrolytic Treatment of Stricture does not succeed in all hands." In it, the author, Dr. T. C. H. Meier, has so clearly described, pictured, the causes of failure far better than I could, that I feel inclined to quote from him; but as I fear this paper is already long, so that it may tire the reader, I can do no better than to refer to it; it is worthy of perusal.

As so much has been said about failures, we must devote now a chapter to

SUCCESS IN ELECTROLYSIS.

I myself have practiced this method successfully for nineteen years, and off and on have honestly reported cases which were complete for such purpose. Hundreds of cases could not be used for publication, because the cases were too incomplete; many having been seen only once in consultation, or operated on only once or a few times; many were lost sight of, and almost all of the charity cases in hospital and dispensary were even unknown by name. But the

two series of one hundred cases each will stand on record, as I had previously reported cases in detail. The first 100 cases were selected particularly to show that no relapse had taken place; they were not consecutive cases, but collected from consecutive cases to meet the following conditions: The patients were to have been under treatment regularly for a reasonable time; they were to have been discharged as cured, or at least so improved that the patients were content with the result, and did not wish any further treatment or improvement; they were to be cases that were heard of afterwards, by reliable information, and mostly re-examined; a reasonable time having elapsed between the discharge when cured and the re-examination, which in these cases were respectively three to eleven years.

The proof of "no relapse" was that the same sized sound was used in the re-examination which passed the last time at the close of the treatment. In the report of my second 100 cases I have omitted under result the word, "cured," purposely, because there is a diversity of opinion as to the meaning of the word "cure." Some surgeons insist that there cannot be a cure admitted unless the urethra will admit No. 40 sound, and we have seen that the cutting has even been extended to a No. 44. My idea of a cure was, however, when patients were dismissed, or stopped treatment themselves because they felt comfortable and well, had a calibre of the urethra which enabled them to void freely a good sized stream, and, if wanted, could exercise sexual intercourse. Therefore, to suit my fastidious friends, I omitted the word "cure," and instead stated to what degree they were improved, and the size of the number to which the calibre of the urethra had been enlarged, etc. For the details of such results, I refer to the original papers, "Tabular Statistics of One Hundred Cases of Urethral Strictures Treated by Electrolysis," *New England Medical Monthly*, August, 1885, and "Synopsis of the Second One Hundred Cases of Urethral Stricture Treated by Electrolysis, with Cases," *Journal of the American Medical Association*, September 24 and October 1, 1887.

I am well sustained in my report of several hundred cases in a record of numerous cases by an array of physicians from all parts of the world, among whom I will mention, Drs. W. F. Hutchinson, T. F. Frank, David Prince, Jacob Butler, J. M. Glass, A. T. Douglass, D. O. Farrand, A. J. Wolff, J. B. Green, G. C. H. Meier, F. F. Dickman, R. J. Nunn, T. F. Sanders, J. Craft, A. J. Wolff, Jr., W. C. Wile, Benson, Edw. J. Smith, R. W. St. Clair, J. H. Kellogg, G. W. D. Patterson, T. H. Burchard, L. Wolf, J. J. Berry, W. T. Belfield, Geo. E. Pitzer, C. A. Bryce, G. W. Overall in the United States; next comes Canada with Drs. C. R. Dickson, J. J. Cassidy, A. Laphorn Smith; and eminent surgeons in Great Britain; among them are W. E. Stevenson, W. Bruce Clark, Edwin Morton, T. J. Hayes, T. Swinford Edwards, etc. A recapitulation of this bibliography is also in a *New England Med. Monthly*, December, 1887. Suppose now that some cases have been reported prematurely as success in an overflow of enthusiasm—I do not say they have, I only suppose that it may have happened—suppose even that some have suffered a slight contraction in after years—there are certainly enough left by hundreds of cases, and if tabulated they probably will swell to thousands, which stand as a solid phalanx, as an unquestionable proof of success, which cannot be overcome by a few failures, even if such cases were fairly conducted according to established rules of surgery and electricity.

Successes of electrolysis in urethral strictures are on record in abundance, as stated above, and at the present time more documentary evidence is received, which I intended to incorporate here; but the article will be too long, and I reserve most for another occasion.

I conclude by giving two letters, which have been sent to me by Dr. W. C. Wile; one his own statement of what he has seen about my treatment, and what he himself has done; and the other from an appreciative patient, who himself is a physician of standing, in active practice, and certainly knows what an organic stricture is, and how the treatment has affected him.

DANBURY, CONN., Nov. 24, 1888.

My Dear Doctor:—In reply to your courteous note of Nov. 24, I will state that I have seen cases successfully treated by you. Cases of stricture of the urethra which I have examined before and after treatment. I *know* organic stricture existed and that they were cured.

2. I have already treated about 50 cases myself, and all except sphincter stricture, and this due to masturbation or of neurotic origin, have been either cured or so much relieved that all the objectionable symptoms have disappeared and the patient passed a full stream with no inconvenience whatever, and gave up the treatment of his own accord. This I consider one of the greatest drawbacks to electrolysis, that the treatment is so painless, and the relief so sudden, that patients consider themselves well before they are. Consequently, there is re-contraction and the case is counted against the method by those who oppose it. Last Wednesday evening, before the Danbury Medical Society, I read a paper on this subject, challenging Dr. Keyes' conclusions, and demonstrating its utility by operating upon a patient of Dr. Brown's of this city, passing with the galvanic current in fifteen minutes a No. 20 electrode, where three weeks before, when Dr. Brown brought him to me, we could with the utmost difficulty pass a filiform bougie—this demonstrating by test, in four seances I had dilated painlessly from almost nothing to a No. 20 French.

The patient was a hack driver, and, according to his own history, given that evening before twenty or more physicians, he had *never had a moment's pain or inconvenience, and had attended to his duties right straight along.*

Now, if electrolysis can do no more good for this man than what has already been accomplished (and I know it will cure him), by what other methods, in the hands of even the *Electrolysis failer*, Keyes himself, can so excellent a result be accomplished without an operation which would lay him up? I await an answer. I have on the table before me a letter from an eminent physician of Maryland, who came to me while in Philadelphia, for a stricture

which proved to be two inches and one-quarter long.

He is 67 years old, and it took me seven seances with a No. 11 French tunneled electrode, threaded on a filiform bougie, the largest instrument that could be introduced at the time of my seeing him. It took him three minutes and a quarter at that time to micturate. In reply to a letter from me immediately after the Keyes' explosion in Washington, he says:

"October 1, 1888.

"Dear Doctor—Your favor of — was received, and I was glad to hear from you. I have been thinking of writing to you for several months, but have been so on the go that I neglected it. I have been gone most of the time since early summer, and arrived home a few weeks ago from an extended tour through Canada, the White Mountains, etc. I think (thanks to your skilful treatment) I am perfectly well of the stricture. Have not used the battery for four months; but pass No. 30 electrode every six weeks, without the slightest trouble, and without meeting with the least resistance anywhere in the urethral canal. If I did not know from previous experience, I could not tell in what part of the canal the stricture had been located. The stream is round and full; all irritability of the bladder is gone; and what is best of all, I have not had an attack of the gout since the first seance, which is now over fifteen months; having never had over four months to elapse without an attack previous to the electrolysis, for the last three years. Of course, I cannot say positively that the removal of the stricture, which was hard and dense, and had existed since 1860, is the reason that I have been exempt from the gout; but I firmly believe it. My feet are not now tender at all, and I can wear shoes as tight as I could in my boyish days. I have not been travelling for my health at all; but for pleasure and the gratification of my better half. I never used more than seven cells; and, after twice using seven, never went beyond five. The last time I introduced the No. 30 electrode, which was a week ago, nine weeks had elapsed since its previous introduction, owing to being

away; but I did not encounter the slightest trouble, pain or inconvenience on its introduction, and did it as quickly as you could introduce an ordinary catheter into a perfectly normal urethra. Of course I mean I did it without using the battery at all. When you consider how dense and hard and long standing the stricture was (over twenty-six years), and how the smallest electrode could not be passed, and even found it difficult to pass a filiform bougie, I think the results have been *simply marvellous*. And no matter what is said or who disputes the efficacy of electrolysis in urethral strictures, I will swear by it every time; for facts are stubborn things that cannot be ignored, and have been proved beyond the shadow of a doubt, *under my own observation and in my own person*. I am satisfied that, to accomplish the best results from electrolysis in urethral stricture, the seances ought not to be very close together. I should say two weeks, unless circumstances were such that the patient could not be gotten at at pleasure."

It will be seen that I withhold the gentleman's name, but the case can be vouched for by Prof. Shoemaker, of Philadelphia, and if Dr. Keyes is still *investigating*, and would like to see a Simon pure case in the person of a most accomplished physician of large experience, and wants to get at both facts, I shall be only too glad to furnish the name and address to him.

W. C. WILE.

Danbury, Conn., Nov. 26, 1888.

An abundance of more evidence is on file.

68 W. 36th st., New York, Dec., 1888.

TRANSLATIONS.

HYGIENIC REFORM IN FRANCE.

According to the *Journal d'Hygiene*, the following projects are contemplated in the scheme for reorganizing public hygiene in France:

Obligatory vaccination.

Medical inspection of schools, organized obligatorily.

Physicians will be obliged, under prescribed penalty, to make known the causes of death, and to report to the

authorities cases of contagious and transmissible disease.

Sanitary expenses obligatory upon the departments and the communes.

The right given to the authorities to cause to be executed, at the expense of the individual or of communities, hygienic works recognized as indispensable to the public health by the new inspectors of hygiene.

Previous approbation of competent hygienic authorities to be secured for the construction or alteration of dwellings. The architect is to be held responsible for the execution of the measures prescribed.

Responsibility of the heads of public or private establishments, of masters of hotels, proprietors of furnished houses, etc., in case of failure to report to the Bureau of Hygiene on the appearance of zymotic disease.

The editor, M. Pietra-Santa, looks upon these propositions as despotic, trespassing upon the rights of property and the liberty of the heads of families. He urges instead the enforcement of the law of 1848, with such amendments as will render it more efficient; and compares this scheme with that of the government as follows:

"On one side is regulation pushed to the last extent, authorityism, arbitrariness, and the abuse of functionarism.

"On the other is private initiative, the instruction and education of the masses with their consequent approval, and the liberty of citizens."

PASTEUR'S METHOD.

A physician of Warsaw, M. Bujoid, has furnished some evidence in support of Pasteur. M. Bujoid spent some time in Pasteur's laboratory, and on his return to Poland set up a Pasteurian establishment. He inoculated 104 persons by the simple method. Of these one died, a child, who had been bitten by a dog of doubtful antecedents.

Somewhat daunted by this death, and by reading the work of Frisch, the Polish physician applied to a new series of 193 persons a more attenuated treatment. Of these, eight died of rabies. He then bravely began the intensive method of M. Pasteur, and, out of 370 persons bitten by rabid dogs, none died. In the same period there were in War-

saw eight deaths of rabies of persons who were not submitted to Pasteurian treatment.

—*La France Méd.*

CONTAGION OF TETANUS.

M. GUERIN believes that the lesion of tetanus is an acute localized myelitis. The inoculability of tetanus has been demonstrated, but it has not been shown that the agent is a micro-organism. If the disease be due to a microbe, it is necessary to protect the sick in hospitals against it. But neither the cotton dressing nor that of Lister protects against tetanus. The cause of this disease is not, then, modified by antiseptics in the least. The agent causing tetanus is a poison analogous to curare, not transportable by the air. Tetanus is to be put in a class by itself, among contagious affections, or it will negate the antiseptic method.

—*La France Méd.*

NEW OPERATION FOR PROLAPSUS UTERI.

TERRIER claims to be the first who has practiced an operation which he has just made known to his colleagues. This consists in the application of Sænger's operation to uterine prolapse. The woman who was the subject of the observation was affected with hypertrophy of the uterus, and considerable prolapse. He made a laparotomy of 7 to 8 centimetres, seized the fundus uteri, and lifted it up. Then, by the use of four ligatures traversing the abdominal wall and the body of the uterus, he fixed the anterior face of that organ to the parietes of the abdomen. The abdominal wound was united by deep and superficial sutures. The patient went out three weeks after the operation, and on her return, later, showed a neck 8 centimetres distant from the vulvar ring.—*La France Méd.*

NITRATE OF CYTISINE.

PREVOST and BINET (*Revue Méd. de la Suisse Romande*) published last year an account of their studies of cytissus laburnum; in which they determined that this drug is a good emetic, acting on the nervous center, better and quicker when given hypodermically; and in large doses having a motor paralyzing action analogous to if not identical with that of curare.

The same observers have now repeated their experiments with the nitrate of cytisine; confirming the results above stated in most particulars. With cytisine, the vagus is paralyzed before the other motor nerves, though when the extract of cytisine was employed, this nerve resisted its action longer than the other nerves. In contra-distinction to the observations of Kobert and Radziwillowicz, they have not observed anything resembling strychnism.

The hypodermic injection of small doses causes vomiting in animals which can vomit; and in larger doses a peripheral paralysis of the motor nerves, analogous to that produced by curare. Death occurs in animals by asphyxia, preceded by fibrillar contractions of the muscles and sometimes by clonic convulsions.

Elevation of arterial pressure for some seconds follows the intravenous injection, but not the administration by the skin or the peritoneum; even in toxic doses.

IODOFORM TOXÆMIA.

La France Médicale reports two cases of iodoform poisoning, which presented symptoms resembling meningitis. The iodoform was used externally as a dressing after operations on children. Both cases recovered.

This enables our Hahnemannian friends to claim the cures resulting from the use of iodoform in meningitis as strictly homœopathic.

THE ALKALOIDS OF COD-LIVER OIL.

GAUTIER and MOURGUES have found in cod-liver oil six toxic leucomaines; butylamine, hexylamine, amylamine, hydro-dimethyl pyridine, aselline, and morrhaine.

Aselline is not abundant, and only acts in large doses, producing stupor, fatigue, and dyspnœa. Three milligrammes of the chloro-hydrate killed a green finch in fifteen minutes.

Morrhaine is quite abundant, as a teaspoonful of dark oil contained 2 milligrammes. Given to guinea pigs and to birds, as a chloro-hydrate, it proved stimulant, diaphoretic, and especially diuretic, a guinea pig weighing 250 grammes having lost 13.5 grammes in two hours, after taking 29 milligrammes of the alkaloid hypodermically.—*Revue de Thér.*

EMPTYING THE URINARY BLADDER BY MANIPULATION.

THE practice of emptying of their contents any of the cavities provided with natural or artificial openings—uterus, abdomen, cystovarium, abscesses, etc.—by manual compression, has been long known and understood; but it seems thus far to have occurred to no one to apply this method in the case of the urinary bladder. The most diligent search through the accessible literature, medical as well as surgical, furnishes no reference thereto, and yet the method is as simple and easy as can be imagined.

The author has practised this method upon several patients suffering from paralysis of the muscular detrusor urinæ in two ways. The patient is made to lie on his back with the legs drawn up. Are these paralyzed, as so often occurs with this trouble, they must be held in position by a third person. The manipulator takes his place at one side of the bed, facing the patient, places his right hand upon the left, and his left hand upon the right side of the patient's abdomen, along the median line, in such a manner that both thumbs, their points turning toward each other, come to rest over the symphysis pubis, and the other fingers grasp the vesical globe from above, and then presses steadily downward and backward in such a manner that the points of the fingers pressing down approach more and more closely the points of the thumbs. Through this pressure, executed in a direction toward the lower rim of the symphysis collum vesicæ, the bladder is continually diminished in size, while the urine, often in a rattling stream, issues from the urethra. When the bladder has been partially emptied, the fingers of both hands must be made anew to press more deeply downward and backward, where now the contour of the bladder may be distinctly felt, and according to its position the direction of the pressure may be modified, until the viscus is entirely empty.

In the other method, the back is turned toward the patient, and both hands, the right to the right and the left to the left of the median line, are placed in such a manner that their

ulnar side touches Poupart's ligament, and the points of the fingers, turning towards each other, are made to lie over the symphysis, whilst the thumbs, grasping the distended bladder from above, now execute the pressure as described above. Thus the two methods complement each other—when weariness occurs the one way, the position may be changed. With concurrent paralysis of the sphincter and the intestinal gases are also expelled through the pressure.

The operation is indicated, if at all practicable, where hitherto catheterization has been practised. With an over-distended bladder caution is commanded, and if slight pressure proves insufficient, the catheter must be preferred in order to avoid rupture of the bladder. Pregnancy and inflammatory and painful abdominal affections are contraindications. The operation is rendered difficult, and sometimes impossible, in cases of obesity and abdominal tumors. It is most practicable in those cases where it is oftenest required, *i. e.*, in paralysis of the detrusor urinæ, existing either uncomplicated or in connection with other paralysis, as in affections of the spinal marrow with relaxed abdominal walls. In paresis of the sphincter concurring with enuresis the operation retains its value, because in spite of the continuous dribbling of urine the bladder still fills up to a certain degree. Whether, also, spasm of the sphincter colli vesicæ may and can be overcome by this manipulation the future must show.

This operation presents essential advantages over catheterism. It is painless and not dangerous. An important advantage under certain circumstances consists in the fact that an intelligent layman can be entrusted with its execution, and thus a more regular and frequent micturition be secured than with catheterism, where the physician himself must always be on hand. The chief advantage consists in that no instrument is introduced into the bladder, and thus a decomposition of the urine be produced, as so often happens in spite of the most painstaking cleanliness and antiseptic precautions.

—Berl. Klin. Woch.

BUNIONS.

SALEMI recommends the application of pure carbolic acid, liquefied by heat, to bunions. The foot is to be first washed, soaped and dried. The acid is then applied lightly, care being taken not to touch the surrounding skin, and after a few moments the surplus acid is removed by a bit of blotting paper. The bunion should first be surrounded by a ring of elastic collodion to protect the sound skin.—*Bulletin de Thér.*

FOR CHILBLAINS.

- R Adipis..... 3 j
Ext. opii..... gr. iij
Liq. plumbi subacet..... .gtt. xij
Creosoti..... .gtt. x
M. S. Apply turice daily.—*Devergie.*

FOR ACUTE CORYZA.

- R Aquæ destill..... 3 ss
Alcohol..... 3 ss
Acidi carbolici..... 5 ss
Menthol..... gr. iv
Ammoniac..... gr. xxv
M. S. To be inhaled.—*Cazzolino.*

FOR VARICES.

- R Baryte chlorid..... gr. xxv
Aquæ destill..... q. s.
Lanolini..... gr. ccxxv
Ol. amygdalæ dulc..... gr. lxxv
M. Dissolve the baryta in distilled water by agitation, and add the fass. S. To be rubbed thrice daily over the dilated veins.—*Kobert.*

HOSPITAL NOTES.

PHILADELPHIA HOSPITAL.

EMPHYEMA FROM SPINAL DISEASE.

J. C. WILSON, at a recent clinic, presented the right pleural sac and portion of the dorsal spine of a young negress who had died two days previously in his medical wards. The patient was aged 34 years, had been married, and was the mother of several children. She had been ailing for some months with pain in back and right side, with cough. On the 3d of November she was admitted to hospital quite ill, and unable to lie down. Her pulse was 140, and respiration from 40 to 60 per minute. On examination it was found that she had a moderate amount of spinal curvature (kyphosis), which, she stated, had existed from childhood. Her heart was normal, no murmur being present; the sounds were, however, slightly displaced to the right side. Examination of lungs revealed

the following condition : Left lung, some increase in vocal resonance and respiratory murmur, with friction rales at base. Right lung, at apex, tympanitic resonance, below, some dulness on percussion; respiratory movement diminished, as were vocal fremitus and resonance. Over the tympanitic portion a few mucous rales were heard on auscultation. During life the diagnosis of empyema was made, which was fully borne out by the pathological evidences exhibited.

It was evident there had been a purulent pleurisy communicating with a bronchus by means of a fistulous opening. This explained the paroxysmal attacks of purulent expectoration occurring during lifetime. There were universal adhesions of the pleural sac, with the formation of a large pus cavity in the lower lobe of the right lung, which had been set up by the carious condition of the spine. On different occasions aspiration removed large quantities of pus and gave the patient much temporary relief. Although the most careful examination failed to reveal the existence of pulmonary tuberculosis during life, the lining membrane of the pus cavity was found, *post-mortem*, to be studded with gray granulations.

Wilson considered the case of very great interest, as showing how caries of the spine may set up an empyema.

MEDICO-CHIRURGICAL COLLEGE.

HOW TO GIVE QUININE IN MALARIA.

WAUGH says: Begin with a large dose, say 15 or 20 grains a day until singing in the ears is produced, then reduce the dose gradually. In some cases this drug does not seem to produce its effect until the liver has first been acted upon. With that object I generally prescribe 20 grains of blue pill before using the quinine. You will often get a better result from cinchona than from quinine alone, as it has all the four alkaloids present; but as it is an unsightly and unpleasant dose, we only give it when the quinine fails.

IODIDE OF POTASSIUM.

WAUGH, in discussing the action of this drug before his clinic, stated: you can always tell when your patient has

had enough by the hyperæmia of the conjunctiva and Schneiderian membrane. It is a debilitating drug and will often produce depression with loss of muscular power. In syphilis, however, it seems to act as a tonic—the patient puts on flesh, and the iodide seems to spend its energies against the poison in a way I believe to be peculiar.

COLLAPSE.

During or after an operation, when the patient shows signs of collapse, Montgomery says that a good though paradoxical way of treatment is to place an ice bag against the back of the neck. Such an effect is produced on the sympathetic system that the pallid face and lips, as well as other parts, are almost immediately suffused with blood.

FRACTURE OF THE HUMERUS.

In treating a fracture of the upper third of the humerus, there should be in addition to the shoulder joint splint an internal angular splint. If the arm is also bound to the side, the result will almost invariably be good.

—Godfrey.

ASCITES.

This is found in patients who are already much weakened by the causal disease; therefore give no evacuants to deplete the patient and weaken him still more. Give him tonics. Besides this, put him on a diet as nearly absolutely dry as is compatible with existence. I know of a man who claims that he had not drank a drop of any kind of liquid for five years. And again, do not tap unless the patient is suffering too greatly from dyspnœa. In this event draw off a half-pint or a pint of the fluid; not more, for this will give as much relief as taking away a gallon; and as the evacuated fluid will in time be replaced by further transudation from the bloodvessels containing the life-giving albumen, conservatism suggests that we take away as little fluid and as seldom as possible.

The exceptions to this rule are in ascites from chronic peritonitis or from early ascites, in which tapping with antiseptic drainage of the peritoneal cavity has proved curative. In the last stages of cardiac or hepatic ascites,

where tapping must be done often, I have given great relief by drainage.

—*Waugh.*

TUBERCULAR PERITONITIS.

WAUGH succeeded in bringing through a case of alleged tubercular peritonitis by the following treatment, which he learned from McCall Anderson: Double blankets met from above and below in the middle of the abdomen; over the abdomen was laid a heavy woolen cloth of four thicknesses, saturated with ice water. A nurse sat by the bedside, and every minute the blankets were thrown back, the cloth removed, quickly dipped in a tub of ice water at hand, wrung out, and at once replaced; the blankets meanwhile having been put back over the abdomen. This was continued for half an hour, and then suspended for an hour and a half; only to be repeated every time the temperature rose above 99°. The patient's strength was kept up by liquid peptonoids, cod-liver oil and the phosphates. He says that opium has never in his hands saved a case of acute general peritonitis.

The method given above of reducing fever he considers most excellent, as the temperature can be kept down just where the physician may wish; the reduction can be stopped the moment the desired temperature is reached, and there are no drugs in an enfeebled stomach to annoy the patient still further.

CORNS.

A good salve is made of equal parts of salicylic acid and lanoline.—*Shoemaker.*

BROMIDE OF ETHYL.

MONTGOMERY likes bromide of ethyl as an office anæsthetic, for these reasons: It requires but a small amount to produce anæsthesia; the patient is quickly and quietly placed under its influence; nausea following its use is of extremely rare occurrence, and he considers it far safer than chloroform. He makes a habit of using the bromide of ethyl in his obstetric cases.

STIFF JOINTS.

For stiff and creaking joints due to deficient synovial secretion, GARRETSON finds this simple electrical apparatus of value: Put about the joint several

elements, each composed of a thin sheet of copper and one of zinc, having between them a single thickness of flannel saturated with vinegar. Do not leave these on too long or they will blister.

FOR A COLD.

"Doctor," said a woman to Waugh, "how does it come that you teach your students the way to treat all sorts of strange diseases with horrible names, that nobody ever has, and yet do not tell them how to cure a cold?" "Well," said Waugh in relating this, "a cold is not the easiest trouble in the world to cure, but if early taken in hand it can generally be stopped. Should the cold begin in the pharynx, you will usually find a small inflamed, burning spot as the first sign. The cold may be aborted by touching this spot with arg. nit. gr. v to 3j. If the inflammation is general over the pharynx, the "diphtheria mixture" (No. 545) will usually bring it to a sudden end. If the cold is a coryza, try the nasal douche of a pint of hot salt water every time sneezing comes on; or small doses of morphia, gr. 1-10 to gr. 1-8, every two or three hours; or give a good purge and allow the patient to drink no liquids. Jabou- randi, too, is often successful, as is also a pill of camphor and opium.

CHRONIC PNEUMONIA.

For a case of chronic pneumonic phthisis, Waugh advised painting over the affected part every three days with iodine; keeping the bowels well open; Niemeyer's pill for the heightened temperature; plenty of phosphates and cod-liver oil; and that the patient wear warm clothing.

COD-LIVER OIL.

Speaking of this valuable substance, SHOEMAKER showed a specimen put up in a stone bottle by a Philadelphia firm. Stone bottles are used because it has been found that cod-liver oil deteriorates on exposure to the light.

WEAK SKINS.

The skin is an organ; and physicians, though knowing that weak hearts and weak lungs are hereditary, often fail to recognize the fact that weak skins are also inherited.

—*Shoemaker.*

EXTRAORDINARY TEMPERATURE.

WAUGH showed at his clinic a boy of seventeen (whose case will probably be given more fully later) with a temperature surprisingly low. During the preceding week it had varied from 97.5° to 92.6° . This last temperature was verified by four thermometers, and is the lowest Waugh has ever known a human being to have and survive.

VENEREAL WARTS.

For a corona of small warts just back of the glans penis, and traced to the irritative action of the vaginal secretions on a surface weakened by too much venery, Shoemaker gives the following dusting powder, and insisted on continence for at least three months:

R Hydrargyri chlor. mitis... 3 ss
Acidi tannici gr. xx
Bismuthi subnitrat. 3 ss M.

IVORY EXOSTOSIS.

The patient, a woman of forty, had in the inner angle of the left orbit, mainly at the junction of the frontal with the nasal bone, an ivory exostosis of about an inch and a half in diameter and half an inch thick. Keyser made an incision from within out through the eyebrow, so that no scar would be left, and dissected back the soft parts, exposing the growth. With the chisel and mallet he succeeded in entirely removing the mass; the especially delicate part of the operation being to remove the growth without destroying the pulley for the superior oblique. The operator said this was only the second case of the kind he had ever seen.

UNIVERSITY HOSPITAL.

CYANOSIS WITH HEREDITARY CARDIAC MALFORMATION.

PEPPER recently brought before his clinic a case of cyanosis which he considered unique, having regard to the family history. The patient was a child three years of age. Its brother died of cyanosis at the age of seven months, and two uncles suffered from the same disease.

When the child was a year old, blueness of the face and extremities began to show itself. The hands and feet were cold and clammy. The fingers and toes were bulbous from prolonged venous congestion. The cyanosis be-

came very much worse if the child ran about or became excited. Pepper regarded the case as one of cyanosis proper, and, in reviewing the points of clinical interest it possessed, said it was due to a serious derangement of the central circulation, and was nearly always attended with malformation of the heart. It became manifest soon after birth, and was progressive to a degree that it interfered very much with the longevity of the patient. Attention was drawn to the fact that if a fœtus gets heart disease, it was apt to occur on the right side; and it may be accepted as a general rule that fœtal heart disease was right-sided, extra uterine heart disease being left-sided. Owing to defective oxidation of the blood the patient was of feeble vitality, and subject to intercurrent diseases. Examination showed hypertrophy of the right ventricle with systolic murmur in the pulmonary area, and every evidence of fœtal endocarditis.

A very unfavorable prognosis was given. As to treatment, absolute rest, the utmost precautions against cold or exertion of any kind were prescribed, and as it was thought the disease was the result of syphilis in a generation back, $\frac{1}{160}$ grain of the bichloride of mercury was given three times a day in interrupted courses.

MITRAL STENOSIS FOLLOWED BY RIGHT HEMIPLEGIA AND APHASIA.

PEPPER exhibited a middle-aged male with history of long-standing heart-disease and pulmonary obstruction. A well-marked pre-systolic murmur with precordial thrill was evident on examination. In October he was suddenly attacked with right hemiplegia, with loss of consciousness and aphasia, which Pepper considered were caused by an embolism—a vegetation being swept off the valve and carried into the circulation, lodging in the left middle cerebral artery, causing cerebral anæmia in the speech centre. A favorable prognosis was given.

EXCISION OF ELBOW-JOINT.

ASHHURST showed a patient, a male, aged 30, whose left elbow-joint he had excised some time previously for disease affecting the articular ends of the bones. The result was excellent. Al-

most perfect motion was obtained by careful avoidance of the important tendons. The case was treated antiseptically, and recovered without a bad symptom.

GERMAN HOSPITAL.

URINARY FISTULA.

DEAVER presented a boy with a traumatic urinary fistula between the bulbous and prostatic portions of the urethra. The external opening was at the junction of the scrotum with the perineum.

Deaver ordered a bougie to be passed into the urethra to prevent stricture, and the fistula to be syringed twice every day with a solution of bichloride of mercury, 1-1000, and pressure to the parts applied by bandaging. If the patient should complain of pain on urination, he would enlarge the wound to prevent cystitis.

AMPUTATION AT THE KNEE.

DEAVER presented a patient who had sustained a compound fracture of the right leg near the knee-joint, and of two fingers on the right hand. Deaver performed disarticulation of the knee-joint and amputation of the two fingers. He spoke of the contraction of the posterior flap in knee-joint disarticulation, due to contraction of the two heads of the gastrocnemius, and says that it may be prevented by a straight posterior splint. The patella should always be left in place; it makes a better stump for the artificial limb.

CANCER OF THE TEMPORAL REGION.

DEAVER operated on a patient 72 years old, for carcinoma on the left temporal region, involving the upper part of the cartilage of the ear, and extending upwards and backwards. He removed all the involved parts, and then dissected the skin and superficial fascia down to the ramus of the inferior maxillary bone for a lower flap; then over to the frontal bone, and upwards to the parietal, being careful to include the superficial fascia, as this contains the nutrient vessels of the skin; then brought the flaps together within a quarter of an inch, inserted silver-wire sutures, and put on a dry dressing, after washing thoroughly and rendering the parts aseptic. Before the operation, he put

cotton in the ear to protect the membrana tympani from the blood. One week later the patient was doing well.

After operations, Deaver gives about seven grains of carbonate of ammonia every two or three hours until the patient reacts.

HEMORRHOIDS.

DEAVER spoke about the different operations for piles and their treatment by injections of carbolic acid. He said that the danger of embolism may be avoided by holding the base of the pile with the finger and constricting it for some minutes after the injection is made. He further said that external piles are always accompanied by the internal variety.

Deaver says that external piles are fibromata formed by inflammation and proliferation of connective tissue.

Internal piles are aneurisms by anastomosis.

TYPHOID FEVER.

WOLFF says that in typhoid fever the ears are red; whereas, in malaria, they are yellowish. The treatment he laid down as follows: If the temperature does not rise above 103° he orders cold sponging three times a day; but if the temperature should rise to 105°, he gives antipyrin, gr. v, or antifebrin, gr. v, every three hours for two or three days. If, then, the temperature should still be high, he discontinues the use of these agents, because they depress the action of the heart too much, and resorts to the wet-pack.

Diarrhœa indicates a contamination of the whole system with the specific poison of typhoid fever. For this stage the antiseptics are indicated, and he gives naphthalin, gr. v, every three hours, and discontinues it as soon as the diarrhœa stops.

Constipation he relieves by enemata, and never allows feces to collect in the bowels.

To relieve the thirst, he gives sweet spirits of nitre, gtt. xl, in water, at a dose. For nutriment, he gives five ounces of milk, with a tablespoonful of lime water, every three hours.

Send to us for clubbing rates with any journals you desire.

PHILADELPHIA
MEDICAL TIMES.

PHILADELPHIA, DECEMBER 15, 1888.

EDITORIAL.

SPECIALISM.

IN the recent meeting of the American Academy of Medicine, Dr. L. Duncan Bulkley introduced the subject of the relation of specialists to the general practitioner. He pointed out that specialists are to be divided into two classes—those who limit their practice to their specialty, and those who engage in general practice and simply give special attention to one subject.

The future of the medical profession must depend largely upon which of these classes proves itself the fittest. If the latter predominate, the general practitioner will be forced out of existence, and the profession will be split up into a number of specialties without any central organization. This is perfectly evident to any one who will give the subject the slightest consideration. A and B are two practitioners having an equal amount of practice. A is, however, a gynecologist also. B sends his gynecological cases to A, who treats them, wins their confidence, gets credit, and thus makes a considerable hole in B's practice, while he sends B nothing in return. The latter is forced, in self-defense, to take up a specialty in his turn in order to hold his own against his competitor. Let this inevitable process continue, and we will have A, a gynecologist, persuading the community that the uterus is the source of all evil; B, an oculist, telling the people that astigmatism is the fertile source of all human woe; C, a dermatologist, deducing all internal affections from repressed cutaneous eruptions; while D, a rectal specialist, claims that ex-

cision of the anus is the only hope of suffering humanity. The ancient and honorable profession of medicine will closely approximate the status of the South street clothing merchants—each vaunting his own wares and decrying his rivals.

But if, on the other hand, the pure specialist survives (as seems probable from the fact that no physician who has any business capacity will let his patients go to the other class), it is no less evident that the more he concentrates his gaze upon a part of the body, the more dimly will the remainder become to him. The more strictly the specialty is limited, the more imperative it becomes that its devotees shall be associated with and guided by the general practitioner. Instances which demonstrate the truth of this proposition must occur to every physician; instances in which the most skilful specialist has erred in attributing to his pet organ affections whose pathology is totally diverse.

Such cases indicate the necessity for an authority superior to the specialist, and the consequent limitation of the latter to a subordinate place. The specialist must become a hand-worker, plying his art under the direction of the physician, who calls to his aid the manual dexterity of the one who has attained it by limiting his practice to a single disease or a single operation. If Apostoli declares in favor of electrolysis, which he practices alone, and Tait lauds laparotomy, which alone he understands, it is clear that neither of these gentlemen are disinterested judges; and the question of which should be employed must be submitted to the general practitioner, who performs neither operation, but sees the results of both and of many other methods.

But here we touch upon another question: Is the general practitioner

qualified to fulfil this duty? If not, he ought to be so qualified; he *must* be, if he expects to hold his proper place in the profession. We are encouraged to believe that this will be the final disposition of the specialist, because we note that classical graduates appear to select the general practice; while the specialties are filled by those whose transition from mercantile pursuits are more direct. Perhaps this is a reason for the superior business qualifications of the specialists, who realize better fees with less labor than the family physicians, and who are popularly supposed to have a deeper insight into the ways and means of judicious but professional advertising.

ANNOTATIONS.

AS OTHERS SEE US.

Le Progrès Médical issues a students' number on November 10, in which may be found the fullest information concerning the medical schools of France, and something of other countries. It may be interesting to know how our Gallic contemporary views the state of medical education in the United States.

He says that the State exercises no control over the schools, which are due to private initiative. Students are attracted to a crowd of free schools, which are generally attached to hospitals which furnish clinical material. The rosters seem complete, but it is only a mirage; and the organization of the schools is in reality in a very rudimentary condition. American students are in a hurry to secure their degree; they count their time and money, and turn to the school which exacts the least. The entrance examination is wanting, or consists merely of a certificate in grammar; the final examination gives little guarantee of fitness. If one school exacts a high standard, the students desert it for more complaisant masters.

Such is the result of the abandonment of the student by the State; the free schools, obliged to meet their ex-

penses out of the students' fees, are obliged to lower their standard to obtain enough students to carry on the course. It is true, some schools have added a fourth year to their course; but this is not obligatory, except at Johns Hopkins, which enjoys a large revenue from endowments. Other schools have endeavored to raise the standard by increasing the severity of the entrance examinations. Dr. Pepper has had the brilliant idea (which was put in execution by the Medico-Chirurgical College before the University adopted it) of filling this lacuna by instituting a special preparatory course in the natural sciences, algebra, and literature, and students taking this receive a special degree.

The students' day is well regulated and well filled; numerous demonstrators train the pupils and give them manual dexterity.

Once having received their degree, students do not turn their backs on the college, but return from time to time to take special courses of six weeks each. These post-graduate courses are imitated from the German polyclinics; they are very useful, and we regret that analogous courses are not given in France. There is no American physician who does not dream of a European trip to see the great masters; and few fail to realize this desire. We regret that it is not to Paris they come; but in Vienna they find an easy life, an enormous material for study concentrated in a single establishment; and instruction, very practical and very vivid, given in the polyclinics and numerous dispensaries, by eminent specialists.

While the organization of the American schools is imperfect and very rudimentary, nevertheless there are certain practices worthy of imitation; such as the methodical arrangement of the students' day, the weekly quizzes, directed by the professors' substitutes, and the six-weeks' courses for physicians desirous of overhauling their scientific baggage.

YEAST WILL RISE.

We have felt for some time that, in the progress of human events, it must be nearly time for yeast to come up again. Its cycle appears to comprise about eleven years; and it is about that

long since we last heard of its wonderful curative effects.

In the *Deutsche Med. Zeitung* we see that HERR succeeds by its use in curing many infectious and parasitic maladies, such as scarlatina maligna, phthisis, infantile and typhoid diarrhœas, and even epithelioma of the tongue. VENTURA, of Teplitz, has also cured, by the same means, cancer of both breasts.

There is one thing to be said about the work of German scientists: it is thorough, and conclusions are only given after prolonged and most exact trials. For this reason, the results of German authors should be received as decisive. Observers on this side of the Atlantic, however, are too apt to rush into print with crude, ill-digested articles, in which the conclusions are unsupported by sufficient evidence.

THE GREAT BAZAAR.

The great bazaar held by the ladies of the Medico-Chirurgical Hospital proved to be a success—artistically, socially and financially. Much of this was undoubtedly due to the kindness of Governor Beaver and his wife, who came from Harrisburg in very unpleasant weather to open the bazaar. Much credit is also due to the managers, who showed that they possess among their own number all the varied talent necessary to make such an enterprise successful. And, finally, the large number of young ladies who acted as aides with so much grace completed the combination. It was a matter of common remark that such a number of lovely maidens as were wearing the aides' badges was rarely seen in even a Philadelphia assemblage. We were amused at the efforts of persons who were unaware of Philadelphia's resources in this respect to account for the unusual number of beautiful faces. One suggested that the draping of the hall was the cause; another that the lights, gas and electric, of various colors, made even a plain face attractive, etc.

In some respects this bazaar was unique. There was no "raffling," "chancing," or "contests." There was none of that annoying solicitation to buy which makes most persons dread the name of a bazaar. Instead of these, the managers provided first-class music, a series of tableaux of unusual effec-

tiveness, and other attractions; and charged an admission-fee which insured a handsome profit; while visitors were left to buy or not, as they chose.

It is to be hoped that the coming fairs to be held this winter will imitate the Medico-Chirurgical in all these particulars.

THE MATERNITY HOSPITAL.

This is an institution designed to give unfortunate women a place of refuge in their time of trouble. Girls who are led astray by promise of marriage and then deserted are those for whom this hospital specially provides. That these women are not necessarily depraved, and that they are almost certainly driven from the pale of respectability and compelled to join the ranks of fallen women is well known. Here lies the reason for the existence of the abortionist. Unquestionably, were such institutions as the Maternity Hospital and the Nurses' Home better known and better supported, the temptation to foeticide would be decreased, and the damnations following a first false step less inevitable. The philanthropist could surely find here a suitable field for his benevolence.

One thing in the report before us calls for adverse notice. The number of cases treated during the year was 118; and the total outlay for all purposes was \$6,854.18, a trifle over \$58 for each patient. This seems like a large sum to be required for confinement expenses, when there is no physician's bill to be paid. It seems that some less expensive method should be contrived, and that patients in a special hospital should be cared for at least as cheaply as at their own homes.

In contrast with this, we note in a daily paper that an unintentional father was mulcted in the sum of \$4.18, being *one-half* the expense of the confinement and the costs of the court.

DEGENERACY OF THE PROFESSION.

In a paper in the preceding number of the *TIMES*, Dr. Wilson discusses the degeneracy of the medical profession of the present day. He bases his views upon the difference in the respect paid the physician to-day, in comparison with that which was accorded him fifty years ago. He places the fault upon

the physician himself, claiming that his methods of dealing with patients and brother practitioners is such as is calculated to win the contempt of the laity, rather than respect.

We can pick out individual instances on all sides which tempt us to say that the writer is correct. The physician of the day has not the dignity of bearing which characterized his grandfather. Worth does not show itself in his conscientiousness; he invites and merits the familiar title of "Doc." There is more of the merchant and less of the profession in modern methods; more learning and less reasoning in his practice.

Altogether the modern physician gets quite as much respect as he deserves—probably more. But in the suggestion of remedies, Dr. Wilson falls into the most grievous of errors. His way of winning respect is to charge more money and collect it more sharply; in other words, to apply still more the principles of the mercantile life to the profession.

We do not wish to be understood as denying that the physician who does not charge enough for his services will be held in contempt; but it is because he evidently does not respect himself or hold his own attainments or achievements in honor; and the keen-eyed man of the world reads him and takes him at his own estimate. Something more than a simple elevation of fees is requisite; something of which this shall be simply a necessary consequence. The true requisite is that the physician should learn to respect himself; to *deserve* the lofty position which his predecessors occupied in public estimation.

We do not believe, however, that the world will move backward; and we fear that with the air of dignified wisdom and the gold-headed cane, the public which was impressed by them has gone out of existence. This age respects nothing but force. Sentiment is a thing to be laughed at; conscience is what handicaps a rival; confidence in human faith and truth affords vantage grounds; pity depletes the rival's resources; success is the only standard by which men's actions are judged and means or methods are ignored.

It is pre-eminently a time when shams

and disguises are out of place. Hard work and its results are all that win confidence. Instead of trying to bring back an impossible state of affairs we will win the respect of our patrons by doing such thorough work as will earn it.

OUR GIRLS.

One of our city journals gravely discusses the question of why the American girls succeed in marrying so many European noblemen. It is evidently a crusty old bachelor who writes thus, for nobody who knows the American girl could feel it necessary to explain her winning anything she sets her heart on. How the European nobleman succeeds in winning the American girl is what puzzles us.

A HYGIENIC CITY.

The North Carolina *Medical Journal* calls attention to the unusually low death-rate of Wilmington, N. C., during the past few months; the salubrity of this thriving city being due to the precautions taken to prevent an invasion by yellow fever. The streets have been cleaner than for years, back lots emptied of unwholesome accumulations, and alleys put in good order; while the odor of foul privies no longer poisons the night air. A clean town brings health and prosperity, at a slight expense to the public treasury. The *Journal* adds: "The public will, we feel sure, learn that a confiding and helpful assistance to the efforts of the health authorities is always to be met by the best efforts of these officials to prevent disaster, often too dire to be cured, if a disease be allowed to find an abiding place in a community."

True words, wisely spoken, and applicable in many a city besides Wilmington. People are too apt to leave the whole burden of the responsibility upon the authorities, without reflecting how powerless the latter are unless they have the earnest support and co-operation of the community.

A TRADE OR NOT.

Dr. F. E. Stewart, in the *Druggists' Journal*, has a long paper on the much vexed question of whether pharmacy is a profession or a trade.

This might be appropriately answered by the famous philosopher who decided

the controversy between the Molists and the Anti-molists. He said that moles were not deformities unless they were so considered.

Pharmacy is a profession theoretically, and really so with some pharmacists, until the inexorable laws of business force them out of it.

With others it is a trade, or rather a business.

EUCALYPTOL IN DIPHTHERIA.

MURRAY-GIBBES, in the *Australian Medical Journal*, says that he keeps his patients in a warm, moist atmosphere, containing a volatile oil given off from the blue-gum leaves, by placing them in a jug of boiling water. In this atmosphere he keeps the patient so long as there is any inflammation in the throat. He reports 163 cases thus treated since 1881, with but one death, that of a babe eight months old. A colleague reported 305 cases, with one death, from heart palsy. He constructs a tent over his patient's bed by placing an open umbrella with a sheet over it. A handful of leaves is placed in the jug and boiling water is poured over them. This is renewed every fifteen to thirty minutes, night and day.

No internal medicine is given, except an occasional mercurial purge, for gastric symptoms.

He considers the disease contagious for three weeks after the disappearance of false membrane. The cases narrated included the worst forms of laryngeal diphtheria.

He never saw the slightest benefit result from alcohol in dangerous cases.

He believes that infection usually takes place through the stomach.

Dr. Gibbs practices in New Zealand. Eucalyptol has not achieved such success here, though it has some advocates. Possibly this may have been due to the method of using it, as Dr. Gibbs lays great stress upon this, and intimates that the same success did not result until the eucalyptol was used by inhalation.

But little ingenuity is required to devise a better method of obtaining continuous inhalation than that of Dr. Gibbs. A nursery lamp may be used, with a burette suspended above it, which allowed a drop of eucalyptol to

drop into the water every few minutes. This would be much better than depending on an attendant to change the water and leaves every quarter hour during the day and night.

INTESTINAL TROUBLES IN INFANCY.

In the November number of the *N. C. Medical Journal*, Dr. Broughton gives an interesting paper on the above subject, based upon his experience during last summer. The treatment he has found most effectual is: a preliminary dose of castor oil, to clear out the bowels, followed by sulpho-carbolate of zinc, in doses of $\frac{1}{2}$ to 2 grains, with 3 grains of Parke, Davis & Co.'s pepsin, every two hours. He firmly believes we have in this drug almost a specific for such cases.

He adds that three cases of typhoid fever treated by the same zinc salt resulted happily, and confirms his good opinion of the drug.

The paper is a thoughtful one, and we advise our readers to send for the journal containing it.

LETTER FROM PARIS.

BACTERIOLOGY AND CLINICAL EXPERIENCE.

Jaccoud, in his opening clinic last week, made some good remarks on this subject. When twenty-two years ago he first taught at the Charity Hospital, he even then sought to apply a double character to a medical clinic, by trying to show that medicine was at once an art and a science: An art as to the observation of patients and judgment of their state, diagnosis and prognosis, in fact; but in addition to this, at that time it was something rather novel to insist that this primordial obligation needed to be supported by all the medical science that could be brought to bear, in order to make an entire success of clinical observation. This must not be confined to a simple notice of the symptoms found in a patient, but we must go deeper than this, and search closely the organic abnormal operations, and find out not only the direct effects, but also the indirect and far-off reasons, the why and the wherefore.

To do so it has now become indispensable to call in the methods of investigation of all the branches of medi-

cal science. It is this investigation that makes the medical art also a science; and alone raises it above empiricism. Practical medicine, then, ought to ask aid from normal and pathological anatomy, experimental therapeutics; and going outside of medical sciences, it should demand the help of the natural and physical sciences; while last but not least the new science of bacteriology must never be forgotten.

Jaccoud does not wish to say at present that this last science should be introduced into the regular, daily bedside, clinical observation of patients, but it should be applied to the study and the interpretation of clinical facts. At first we all thought that the radical result of this study would be that the etiology and prophylaxis of disease, with public and private hygiene, would be the only branches of medical science that would derive benefit from the positive notions of bacteriology; but we now see that the revolution will also be as radical in the dominion of pathology, which is the basis of observation in clinical medicine. And if we know to-day the genesis of the periphtric and visceral determinations of infectious diseases, such as scarlatina, erysipelas, mumps, diphtheria, gonorrhœa, etc.; and if we know what to think of pseudo-rheumatism, acute diseases, secondary accidents of pneumonia as well as purulent infection, endocarditis, meningitis, etc.; and if we can now distinguish urinary tuberculosis from other purulent urinary troubles, and see the relation between stomach cancer and pleurisy; if all these and many other things can now be told with some approach to certainty, and go to make empirical medicine a science, it is owing to bacteriological study, and all these facts have a real importance in diagnosis and prognosis. While, however, these precious aids to medicine are important, we must not be led away, says Jaccoud, into the notion that the microbe is everything, and neglect the poor patient. Our duty is to make use of all branches of science, without making exclusive use of any of them.

TAENICIDES.

A recent book of Dr. Feraud's speaks of the best methods of killing tape and

other intestinal worms. First of all we should not undertake to expel worms or treat tænia unless we are absolutely sure of the diagnosis, which can only be affirmed when the patient brings a portion of the worm, one of the cucurbitains (or rings) of which it is composed. Just here is the advantage of enough zoology in a doctor to enable him to tell of what variety the worm is, to properly treat the patient. For all the varieties, the best time to try and get entirely rid of it is when it has reached its entire development, which is mostly shown by the cucurbitains detaching themselves spontaneously. Between three and four months is the period it takes to develop; so, failing in an attempt to get rid of one, it is well to wait three months, if possible, before again trying to dislodge it.

The day before, commence by putting the patient on a strict milk diet; as it seems that the worm is more accessible in a chyme formed of digested milk. The taenicide chosen should be given the next day, and the choice is between the pelletierine, made by M. Tanret; but as it is very dear, over \$2 per bottle here, it is more often that one of the other drugs is chosen, or else the *punica granatum* is given itself, instead of the expensive preparation of Tanret. The next most frequently used here is the *polypodium filix mas*, and next the *cucurbita pepo*.

Whichever is given, it is followed by a purgative; the black draught being the one preferred. The precaution is taken of having the patient go to stool over a vessel half full of water, so that the worm shall not break, and that the physician can examine to see that the head has been brought away. If only a part of the worm comes out, rectal injections of soda sulphate should be used with care, or one of five grammes of ether to 100 of water may be tried, to paralyze the worm. No active traction should be made on the worm, as it will be sure to break and the rest remain; but slight pulling on it may be tried.

The story is told here of a Sister of Charity who had a great reputation for extracting worms, and whose sole device was to roll it with great care on a little stick, and make *extremely slow traction*.

One last and important recommendation of M. Feraud's is to have all ready before starting. Let all the accessories be prepared, and everything needed provided first of all, so that there shall be no hitch in the operation.

CIRRHOSIS HEPATIS.

Millard, physician to the Beaujon Hospital here, and one of the most experienced physicians in Paris, has just presented to the *Société Médicale des Hopitaux* three cases which we saw in his service, and which were cured by his method of treatment. They were alcoholic patients, with considerable ascites. The treatment is simple enough, and the results obtained are remarkable.

First of all an exclusive milk treatment is enjoined, which is modified later with starchy foods, of course abstinence from wines and malt drinks, and once or twice a week purgation with fifteen grammes of *eau de vie allemande* (tinct. jalapæ comp.), or else one gramme of scammony.

Tapping of the ascites was done as often as indicated. Six were made in one case, with over 102 quarts of liquid withdrawn, and, in another, only one puncture was made. In all the cases the following potion was given :

R Juniper berries.....10 gr.
Nitrate and acetate of potas.....ââ 2 gr.
Oxmel of squill30 gr.
Syrup of the five roots*.....35 gr.

M.

The whole of the above potion was given in four or five doses in the twenty-four hours.

Are these patients completely cured by this treatment? This question is difficult to answer; but what is sure is that they are left in reasonably good health, after having been in a very bad state. As to the question of the anatomical state of the livers in such patients, they still remain hypertrophied, and yet they carry out their function properly. Certainly it is easy to understand that a return to former habits will bring about a return of the disease, but it is equally sure that abstinence will allow them to live in health after this cure. It is not claimed that this treatment is new, as it consists of

simply milk treatment with diuretics and purgatives, without hydrotherapia or iodide of potassium; but with the action of punctations, or several paracenteses, if needed. The potion employed is not disagreeable to take, and is well supported. One patient took it for eight months. As to purgatives, the jalap may be used as a drastic; but, if there are hemorrhoids, castor oil can be substituted. At first it can be given once a week, and then less often, as the case improves. Milk is the base of the treatment, and should be insisted upon; going so far as to say with Dr. Cretien: "*Milk or death!*" Abstinence from spirits is a *sine qua non*, and should extend even to medical potions made with alcohol.

Lancereaux and others have given iodides and used hydrotherapia in these cases; but water treatment, in patients in whom the slightest chill may bring on fatal complications, cannot be supported; and iodides are only of use when the case is complicated with syphilis. However, it may be tried after the treatment has produced its good effects, and the liver remains enlarged. The three cases of M. Millard prove that alcoholic cirrhosis is not only a curable disease, but one that, simply treated, results most often in cure; and it is not so incurable a trouble as many would make out.

FREQUENCY OF EPILEPTIC ATTACKS AT CERTAIN HOURS OF THE DAY.

M. Fere shows that in 1985 cases, 1296 of them took place in the hours from eight o'clock in the evening to one o'clock in the morning; and it is curious that a large number of such cases took place at from three to four or five A. M. This but confirms the ideas expressed by other writers, that a period of depression exists when the wee small hours of the morning are on; and some state that most deaths take place at that time.

Dr. Hallopeau, of the St. Louis hospital here, took a trip this summer to see Unna, at Hamburg, and he relates his

TREATMENT FOR SKIN DISEASES.

It seems that Unna uses mostly two kinds of topical or local applications; one is a thin mousseline, which is

*The last is the syrup formed by the French codex, of the roots of apium graveolens, fennel, parsley, asparagus, and ruscus.

charged with ointment, and is kept on with a compress several days at a time, and the other is a sort of glue, which is spread over the surface. Two kinds of this glue-like topical are used, one strong and the other weak, and both are kept unalterable by oxide of zinc. The following is the formula used by Unna for both:

R Gelatine	15 grms. (weak)	30 grms. (strong)
Ox. of zinc	" " 10 "	" " "
Glycerine	30 grms. " 30 "	" " "
Water	45 " " 30 "	" " "

M.

This makes a porous envelope and the pressure is soft and calming. The muslin plasters make an impermeable application and the skin becomes soft under them and allows of absorption. It is not like the gauzes used elsewhere, as they are not so heavy.

ON THE NATURE OF MILK.

M. Béchamp has been studying this important subject and finds that it gives rise to three orders of questions.

1st. The globules of milk: are they simple globules of naked fatty bodies like globules of an emulsion of any fat, or are they covered with an envelope which prevents them from sticking to each other?

2nd. In one or the other of these hypotheses, does the liquid part of milk contain a single albuminoid (casein), or does it contain several of such matters, in different milks being of a different nature?

3rd. Does milk curdle or coagulate spontaneously, that is by itself, or is this phenomenon accidental and correlative to the activity of ferments, of which the germs exist in the air, and which introduce themselves into the milk during the emulsion?

The conclusion reached by the eminent savant are, that, first, milk is not an emulsion, as the globules are not simple fatty globules but are free vesicles of an adipose nature; second, milk contains other albuminoids besides casein; they are not free, however, but are dissolved in the alkalies. As to the third question M. Béchamp says that milk will coagulate of itself, without any need of vibrations to aid it.

M. Nocard does not accept these statements, as he says he has kept milk several years without its coagulating,

by keeping it away from the air; but M. Béchamp proposes to show in M. Friedel's laboratory that his statements are exact.

We close with two late French formulas:

OINTMENT FOR HEMORRHOIDS.

R Unguent. populi30 grams.
Cerat. saturni10 "
Ext. belladonnæ"
Ext. opii33. 1 "
Antipyrine3 "

M.—Apply to the part as needed. It calms itching and stops bleeding in phthisis:—

R Tannin (alcoholic)5 grams.
Glycerine30 "
Sherry wine1000 "

M.

This makes a quart of wine, which has been highly recommended in consumption. It is given after meals.

THOMAS LINN M.D.

SOCIETY NOTES.

PHILADELPHIA NEUROLOGICAL SOCIETY.

STATED MEETING, OCTOBER 28, 1888.

The Vice-President, Charles K. Mills, M.D., in the chair.

Dr. William Osler presented a

NOTE ON PACHYMEINGITIS HEMORRHAGICA.

There are several points of interest in that condition:

First. Is it in any sense of the term an inflammatory process? Practically, we see one of three conditions in these cases:

- Subdural vascular membranes often of extreme delicacy.
- Simple subdural hemorrhage.
- Combination of the two—vascular membrane and blood-clot.

In two specimens which I showed last year at the Pathological Society, I remarked on the absence of any of the features to which we could apply the term inflammatory.

Dr. Joseph Wigglesworth, in the January number of the *Journal of Mental Science* for this year, takes the same ground. Apart from injuries, dura-arachnitis is rare. I have seen two instances in the specific fevers. In both there was delicate fibrinous exudate between the dura and the arachnoid.

Second : Which is antecedent, vascular membrane or hemorrhage?

It is usually stated that the hemorrhage occurs first, and from the blood-clot, when organized, the vascular sheet arises. This may be the case, and the fact that subdural hemorrhage is often found alone—in fifteen out of forty-two cases in Wigglesworth's series—lends weight to this view. On the other hand the vascular membrane may exist without a trace of past hemorrhage; neither staining nor melanin grains, simply a fibrous sheet, varying in thickness and permeated with large vessels. The specimen here shown illustrates this condition: It was removed from a man, aged fifty-six, who died of aneurism. The skull cap was unusually thick and dense and extremely vascular. The meningeal arteries ran in deep grooves through the bone. There were many points of vascular union between the inner table of the skull and the dura. In spite of this, the calvaria was removed without much difficulty. The inner surface of the dura was everywhere covered with a fibrous, highly vascular membrane. Toward the vault it was from half a line to a line and a half in thickness. Toward the base it was extremely thin. It was chiefly made up of large veins forming in places beautiful arborescent tufts. On section, where the membrane was thickest, the veins bled freely; but there was no trace of clot. Microscopically, the membrane was composed of bundles of connective tissue forming a supporting framework for the numerous vessels. At one small area alone, in the middle fossa on the left side, there was a brownish-red staining on the surface of the vascular membrane.

In the two specimens which I studied last winter the identical condition existed, though in neither was the blood-supply abundant, nor the vascular membrane thickened.

Third. Whence the hemorrhage, dural or pial?

I have always thought the former, but I see that Wigglesworth, in referring to the atrophy of the convolutions as a possible cause for hemorrhage, speaks thus: "The pia mater over a variable area may be so intensely congested as actually to resemble an ec-

chymosis. . . . It is manifest that the conditions may be highly favorable to actual rupture, and I doubt not that this frequently occurs."

Certainly in the instances I have seen the subdural membranes were intimately associated with the dural vessels, and it seems more probable (and is, I believe, generally acknowledged) that from these the hemorrhage always proceeds.

Fourth. The explanation of the occurrence of this singular structure is by no means clear. The cases are commonly met with in asylums. In general hospitals years may pass without seeing an instance. During eight years in the post-mortem room of the General Hospital of Montreal no instance occurred. The first specimen which I saw, after having been for fourteen years interested in morbid anatomy, was demonstrated by Virchow, in 1884, at the Pathological Institute. At the Philadelphia Hospital cases are by no means uncommon. Within the past two or three months there have been four specimens found, usually in the bodies of persons from the insane department; but in the three instances to which I have referred the patients came from the medical wards, and had not shown any mental symptoms.

One reason urged why the subdural hemorrhage is much more common in the insane is the atrophy of the convolutions, so constantly associated with this condition. But there must be something more than this; for if atrophy alone is the chief factor, we certainly would meet with it in phthisis and other cachectic conditions in which cerebral wasting is quite as common as in general paresis.

The frequency of this condition in asylum work may be gathered from the fact that Wigglesworth's paper is based upon forty-two specimens which occurred in a series of four hundred unselected post-mortem examinations, in which the persons died of various forms of insanity. Wigglesworth's contribution is one of the most interesting and valuable that has been made upon the subject.

Dr. F. X. DERCUM asked if Dr. Osler accepts the view of Wigglesworth that this condition of the dura is really due

to hemorrhage from the pia. He could not understand how a hemorrhage from the pia could become so intimately connected with the dura. He had always regarded the formation as dural.

He asked Dr. Osler if he had any explanation to offer for the formation of these curious cysts in old cases of pachymeningitis.

DR. JAMES HENDRIE LLOYD said that Dr. Osler had stated that in the case reported there was aneurism of the aorta. He would ask if there was any connection between the two conditions. Were there any brain symptoms? The idea has prevailed heretofore that we mostly find this condition in connection with brain troubles such as general paresis, trauma, and chronic alcoholism.

DR. CHARLES K. MILLS said that the paper was interesting in connection with a case of a child nearly three years of age, with spasms of a peculiar type, for which he advised trephining, and the operation was done by Dr. John B. Roberts at the Philadelphia Polyclinic. After the removal of the skull and dura mater, a membrane was found which was easily separated from the pia-arachnoid. It was a vascular membrane, between the dura mater and the pia-arachnoid. (Edema and great vascularity of the pia mater were also present. After the escape of some serous fluid, the brain apparently receded. The history was that a clock had fallen upon the child's head, and the question was whether or not a slight hemorrhage beneath the dura had not taken place, or whether there might not have been the formation of a membrane without the presence of a clot. It may be that this is the explanation of some of the cases of infantile spasm of peculiar type. This child often had from eight to ten attacks a day. The day after the operation it had two slight attacks, but since then none. He had seen a considerable number of cases of pachymeningitis hemorrhagica at the Philadelphia Hospital, some of which he had reported.

DR. OSLER did not see how the hemorrhage could be connected with the pia as Dr. Wilesworth thought. The cases he had seen had been in medical wards, and had presented no indica-

tions of cerebral trouble. Atrophy of the convolutions does not always co-exist. If atrophy were one of the prime factors in the causation of this condition, we would expect to see it more frequently in phthisis and the chronic cachexias, in which the cerebral wasting is often quite as marked as in general paresis. There is often as much thickening of the pia arachnoid and gelatinous oedema between the convolutions in phthisis as in general paresis; yet, so far as he knows, subdural hemorrhage has not been described in connection with phthisis except in the inmates of lunatic asylums.

DR. J. H. LLOYD reported the following

CASE OF ALCOHOLIC MULTIPLE NEURITIS, which presented such a characteristic clinical picture of a disease which is not common, that he was led to report it in spite of the fact that the pathological study was incomplete.

Margaret M., aged about 35 years, was admitted into the nervous ward of the Philadelphia Hospital in May, 1888. She had a family history of phthisis on the father's side. The patient had never been very strong, but had had no sickness except the ordinary diseases of childhood. She was married at 17, and had had four children, the last labor occurring five years before admission. She denied syphilis, and presented no lesions of it. She also denied excessive drinking; but an inquiry of her friends revealed the use of alcoholics, sometimes in excess, from her childhood. Four weeks before her admission she awoke one morning to find both her feet parietic. For one week preceding this she had had severe pains in both legs.

On examination the following facts were noticed: The patient was anæmic, very despondent in expression, and rather emaciated. She presented double wrist-drop, more marked on the left side, with wasting of the arm muscles, also more marked on the left side. There was paralysis, quite complete, of the anterior leg muscles on both sides, with consequent foot-drop, and wasting. The extensor muscles of the left forearm contracted sluggishly to the Faradic and galvanic currents, and showed

the serial reactions of degeneration: A. C. C. > C. C. C. The extensors of the feet (muscles especially supplied by the anterior tibial nerves) also reacted sluggishly and showed reactions of degeneration to galvanism. The patellar reflexes were abolished. There were small areas of anæsthesia over the legs and feet. She would believe that a pin was touching the foot when it was touching the leg, and confused the legs. The sensory symptoms were very significant. She suffered from severe burning pain on the soles of the feet, and later in the palms of the hands, causing her to complain. The nerve trunks were acutely sensitive. Pressure over the popliteal and peroneal nerves and the main trunks of the arm was productive of most severe pain. The peroneal nerves especially were sore. The muscles of the leg were extremely sensitive to touch, and those of the calves especially were very tender.

The lungs were normal. The heart presented a faint systolic murmur at the apex; not always heard, and possibly anæmic (?). The pulse was small in volume, very rapid, constantly ranging from 122 to 140, and easily compressible. Her temperature was constantly afebrile, except on two days, when it rose to $101\frac{1}{2}^{\circ}$. For more than half of the time she was under observation (about four weeks) the temperature was rather subnormal, falling as low once as $96\frac{3}{4}^{\circ}$. It was taken in the axilla. The loss of appetite was complete, and the tongue was furred. She slept poorly and her mind wandered. At times she was in a well-marked delusional condition, and was restless always and complaining.

The patient, as she lay in bed, with the wrist-drop and foot-drop, bore a striking resemblance to the picture which Gowers has, in his recent work, of a patient with this disease.

The indications for treatment were especially to relieve pain and sustain the power of a failing heart. It was soon evident that the patient would not respond to treatment. The heart, in particular, never improved in its action. Digitalis was given in the form of tincture, infusion, powder, and poultices of the leaves, but the pulse remained rapid and feeble. A full liquid diet was ad-

ministered in oft-repeated quantities, but alcohol was not given until toward the last, and then in small doses. It is not necessary to detail all the treatment. Partial relief was obtained from the burning pains in the soles of the feet by lotions of carbolized water; and small cantharidal blisters were used with some benefit over some of the most painful nerves, as the peroneal. The patient gradually sank from a weak heart and died rather suddenly about the end of the fourth week of her sojourn in the hospital.

He regretted to say that the specimens from this case became decomposed, in some unaccountable way, and were unfit for microscopic study. The brain, cord, and affected nerves, clear to their ramifications in the muscles, were removed, and did not exhibit any marked change on gross examination. It was thought that some parts of the posterior columns were closed; an observation which, he believed, has been made before in some of these cases. The history and observation of the case do not point to an original posterior sclerosis, and it may be a question whether such a change in the cord in a case like the one described could not be secondary to the original nerve lesions. It is also a question whether the obstinately feeble action of the heart in these cases may not be due to changes in the pneumogastric similar to those which occur in the other nerves. The heart was small and the valves normal. The liver was fatty and the kidneys slightly congested and enlarged.

LETTERS TO THE EDITOR.

It is the earnest desire of the Editor to increase the usefulness of this Journal and to render it a practical helper to its readers. One method of accomplishing this end is to open a column devoted to letters to the Editor. Short, concise papers upon medical subjects, records of cases worth being reported and queries on any medical subject are requested.

BLEEDING FOR BRAIN INJURY.

DR. SIMPSON (see page 67, *ante*), raised a very practical question for discussion: "When shall we bleed

and when refrain from bleeding in cases of evident blood extravasation accompanying head injuries? The general question of venesection for apoplexy was thoroughly discussed a quarter of a century ago by Hughes Bennett in his work on clinical medicine, which may still be read with profit to-day. He completely demonstrated the inutility of bleeding in these cases, except with reference to one instance in which it might be admissible: where there is a condition of increased arterial tension. As a therapeutic resource it was worse than useless, often decidedly injurious. This, we think, corresponds with the best medical practice at the present time, and we, therefore, would answer Dr. Simpson's query "were we wrong in discarding bleeding?" in the negative. We are very doubtful of the value of mercury given to the point of ptialism in such cases, and prefer the antipyrin with cold to the head as antiphlogistics. With regard to surgical treatment of the case reported, it is possible that something more might be done. The existence of a latent depressed fracture, possibly limited to the inner table of the skull, should be discussed; and in view of the mental condition indicating pressure, we would consider early trephining advisable.

F. W.

Dr. WAUGH:

Dear Sir:—Will you be so kind as to read this article, and give me your opinion as to pathology and treatment.

Mrs. L., age 70, rather full habit and fleshy, was attacked with a slight show or flow of blood, as she supposed from the womb, about sixteen months since. The flow was very small, occurring at intervals of from one to two weeks: sometimes being a few drops of pure blood, and at other times only imparting a slight tinge of blood to the urine.

Four months later she was seized with a severe pressing down pain in the back, running down the course of each ureter to the bladder, and, as she supposed, to the womb; and down the lower limbs to the knee. Feeling sure that she had cancer, and that her case was hopeless, she did not call in a physician until she had suffered over ten months, when, through the persuasion

of friends, I was called to her case. I found her looking very well in flesh, with a fair appetite and moderate strength.

She explained to me that, for more than ten months, the pain had come on regularly at 9 o'clock, A. M., and began to subside from 3 to 4 P. M.; and that, by 6 P. M., she would be entirely easy and rest well through the night. She passed her water every half-hour or so, about one to two tablespoonfuls at a time, which was laden with mucus from the bladder. The quantity of urine passed every 24 hours was not more than 1 to 1½ pints, which I found, upon examination, to contain a quantity of earthy phosphates with considerable albumen. Believing that she was suffering from stone in the kidney or ureter, and that the pain had taken a neuralgic form, I put her on tinct. gelsemium, gtt. 10; tinct. aconite, gtt. 1; tinct. hyoseyami, gtt. 15; bromide potassium, gr. 5; each dose, as above, every two to four hours. Also gave fl. ext. pichi, gtt. 30; potassa bicarb., gr. 15, three times a day; sulph. quinine, three grs. three times a day. Also gave about ten grs. acet. potassa in solution three times a day; used a rectal suppository every morning at 8 o'clock, containing ¼ gr. morphine, 2 grs. ext. hyoseyami, ¼ gr. ext. belladonna. For the past two weeks have been using a hypodermic dose of ¼ gr. morphine at or just before the pain commences. This modifies the pain, but does not stop it entirely.

For several days I kept her under the influence of quinine, giving three grains every two hours, commencing as soon as the pain began to remit. Within the past two weeks she has been losing strength more rapidly, and says if relief does not come soon she cannot bear the pain much longer. The bladder trouble has subsided, and her water is now nearly healthy, both as to quantity and quality; and is passed at long intervals, and without pain and burning, which was very severe at the time that I was first called to see her, especially when she urinated.

With this exception the case remains the same, though the pain now commences about noon and lasts from 4 to 6 P. M.

I should have mentioned that, upon examination, I found the womb about its natural size, apparently healthy, and in its normal location.

There is no tenderness in the bladder, though, when I first saw the case, pressure over that organ produced a pain similar to the pain felt when the bladder is full of water. When suffering pain the whole abdomen is very tender, but, after the pain has subsided, only a vague soreness upon pressure is experienced.

Now, doctor, I believe that I have given you pretty nearly all the symptoms of this very troublesome and painful case; and if you, or any other medical gentleman, can give me such information as will lead to the relief of the same, it will be granting a great favor to suffering humanity, as well as to

JAMES A. WARD, M.D.

P.S.—The albumen has almost disappeared, just enough remaining to make the urine look a very little smoky when boiled.

[Our impression is that this patient has stone in the bladder, and we would advise a careful examination of that organ. The blood is evidently discharged from the urethra, which leaves the uterus out of the question. The periodic pain is peculiar, but is consistent with the hypothesis of stone. We would be glad to hear the results of such an examination.—ED.]

EFFECT OF PETROLEUM ON THE HUMAN BODY.

[The following item was clipped from the *Phila. Record*. On reading it, we thought it might be the means of extracting some novel information from our oleaginous friends, who ought to write for the TIMES, but don't. We sent the item to two of them, and append the answers received.]

A German physician has recently issued a report of his observations on the effects of petroleum on the human body. The facts on which his conclusions are based have been gathered during extensive travels in the American petroleum districts. He found that a skin disease was very prevalent among the workmen who were employed at the wells, and on closer examination he concluded that the disease especially attacked those who were engaged with the heavier and more inflammable oil. Numerous cases were discovered of large quantities of petroleum having been swallowed, with the result of violent affections of the stomach, kidneys, and nervous system. In one case, where a glassful of petroleum had been drunk, the greatest difficulty was experienced in preventing the patient from falling asleep, an eventuality which is especially fatal in such instances. Symptoms of poisoning could also be traced after a lengthened period

of inhalation of the vapor, but the symptoms were only noticeable when the subject was in a bad state of health.

Editor MEDICAL TIMES:

In regard to the clipping, my opinion is that the German doctor knew very little about the subject. I have practiced medicine here, in the heart of the Pennsylvania oil regions, for 18 years; and, as far as my experience and observation go, skin diseases are not prevalent at all. I never saw a single instance of "skin disease" that could be considered peculiar to this place—the oil region. If working about wells, handling oil, etc., causes any kind of disease—skin or other—I have failed to recognize it. If this gentleman means that heavy oils are more inflammable than lighter oils, his information is contrary to mine. I have been taught that the lighter oils are the more inflammable. I have never heard of a case where a large quantity of oil had been swallowed, hence know nothing of its effects when such quantities have been taken internally. I have known the crude oil to be taken internally, one or two teaspoonfuls three times a day, for weeks—possibly months—without any appreciable effects whatever. I have no knowledge, however, of its having been used but very rarely as a medicine. It is frequently used as a local application in burns and scalds, and is probably as efficient as any other nasty oily application. It is probably an antiseptic.

Oil City, Pa.

J. A. RITCHEY.

Editor MEDICAL TIMES:

It affects different people in different ways. First, the workmen handling oils; some can handle it continuously and not be affected; while others, who get their hands cut, the cut would never heal while they were handling oil. There is no skin disease prevalent. Where handling acids and acidulated products, or about wells with more or less salt water, chapped or sore hands may occur. Heavier oils are least inflammable. Small quantities are taken without serious results, but I think more would derange the stomach. Oil is injected for piles with success. Many salves are made from it, and crude oil will cure mange in dogs. The fumes or exhalations of crude petroleum produce symptoms similar to drunkenness; and

cases of death from inhaling these fumes from tank man-holes or vents, intentionally, and while cleaning tanks accidentally, are not infrequent. A large quantity taken internally might have the same effect, as I think the heat of the body would cause the lighter gases to free themselves from the crude oil in the stomach. There are many cases of oil taken for consumption reported, and with beneficial effect; but I don't know of this being a fact. Crude oil is used in cases of severe burning about oil wells and refineries, with great success as a means of relief.

I think the poisonous symptoms all gammon, beyond the severe headache and depression, such as a subject would have who had gone to bed and blew out the gas. J. A. W.

REVIEWS AND BOOK NOTICES.

ATLAS OF VENEREAL AND SKIN DISEASES.

With Original Text, by Prince A. Morrow, A.M., M.D. New York: William Wood & Co., 1888. Fasciculi vii and ix.

These parts fully sustain the favorable impression created by their predecessors. Plate xxxi represents Ulcerative Cutaneous Gummata; Syphilis Cutanea Vegetans; Framboesia Syphilitica of the Soft Palate. Plate xxxii, Fifteen forms of Syphilis and Psoriasis of the Mouth. Plate xxxiii, Paronychia Syphilitica (2 figures); Syphilis Cutanea Ulcerosa (2 figures); Fissured and Exulcerating Papules of the Toes (2 figures). Plate xxxiv, Pemphigus Syphiliticus Neonati; Polymorphous Syphilide. Plate xxxv, Macula-papular Syphilide; Inherited Syphilis, and Condylomata; Syphilitic Pemphigus. Plate xlii, Erythema marginatum et gyratum; E. papulatum; E. iris et circinatus. Plate xlii, Herpes iris et circinatus; Erythema nodosum. Plate xliii, Urticaria factitiosa; U. Pigmentosa. Plate xliv, Eczema capitis; Eczema faciei. Plate xlv, Eczema squamosum; E. papulosum vesiculosum et impetiginosum.

SECOND ANNUAL REPORT OF THE STATE BOARD OF HEALTH AND VITAL STATISTICS OF THE COMMONWEALTH OF PENNSYLVANIA. Harrisburg: Edwin K. Meyers, State Printer, 1887.

This volume contains the reports of standing committees; reports on sanitary condition of cities and towns; on epidemic and special sources of disease; of inspections; quarantines; papers read at the State Sanitary Convention; legal opinions; compendium of laws relating to public health, etc.; correspondence; sanitary conferences; circulars; blank forms; mortuary tables, etc. One hundred and forty-three separate reports and other papers are included in this volume. The whole work reflects great credit upon the Board of Health and its efficient secretary, Dr. Benjamin Lee. It would be well if this book were widely circulated through the State. No one could read the work without being struck with the benefits which this Board has rendered to our people; and this work would be largely increased if the public were fully cognisant of it, if they knew to whom to apply, and how to do it, when outbreaks of malignant disease occur.

REPORT OF THE PENNSYLVANIA STATE COLLEGE for the year 1887. Part II. Agricultural Experimental Station.

This volume contains the official reports of the director, an account of the organization of the station, and reports upon tests of varieties of wheat and oats, germination, fertilizer, phosphoric acid, and sugar beet experiments, studies of the development of corn, soiling crops, foreign forage crops, corn stover, and a variety of other information of great practical value.

This volume may open the eyes of some as to the good work being done at our State Agricultural College, which has grown to be a very creditable institution. Our readers would be well repaid for the trouble of sending for the publications of this college.

THE DIAGNOSIS AND TREATMENT OF DISEASES OF THE RECTUM. By Wm. Allingham. Edited and Revised, with much additional new matter, and numerous diagrams, by HERBERT WILLIAM ALLINGHAM. Fifth edition. London: J. & A. Churchill, 1888.

The press of daily work has compelled Mr. Allingham to entrust the preparation of this edition to his son. The latter, however, has had seven

years' apprenticeship with his father, and we may be sure that the sound judgment and ripe experience of the elder is reflected in the pages of the book. Though there is much new matter introduced, there is but little alteration in the views of the author, or his favorite modes of procedure. He still prefers the ligature for hemorrhoids, and it still gives, in his hands, the matchless results detailed in previous editions. While his condemnation of the injection method still remains, he has somewhat modified the wording of it, speaking less contemptuously of the method; and while he speaks of having used it in many cases, he does not say that ill results followed in any of his own cases, though he speaks of them as possible.

Taken all in all, Allingham's book may be looked upon as the *safest* guide in the treatment of rectal affections to be found in the English language.

LA MORT PAR LA DECAPITATION, PAR LE DR. PAUL LOYE, Paris, Bureaux du Progrès Médical, 1888.

"Is decapitation a barbarous procedure; do suffering and consciousness survive the section of the neck? Or has the head, separated from the body, during a time, supposedly short, consciousness of internal or external impressions? Such are the questions which M. Paul Loye desires to elucidate. He has not shrunk from assisting at the execution of certain criminals to note each phenomenon which followed the fall of the head; and he has sought in the laboratory the explication of the facts which he had witnessed to determine their physiological value.

"This method has been fruitful. It has afforded an explanation of a certain number of facts which had more especially troubled philosophers and legislators. It has shown that if, by anæsthetics, the animal is rendered unconscious before decapitation, the facial contractions, the grimaces, which seem to indicate the violence of the pain, are produced with their ordinary regularity and physiognomy. They are not phenomena of consciousness, but automatic."

The above extract from Brouardel's preface will explain the scope of the

work. As Brouardel adds, M. Loye has removed some questions from the domain of debate; and demonstrated that if capital punishment be continued, decapitation most completely prevents the pain of death, and even that which results from the awkwardness of the executioner.

LECTURES ON ALBUMINURIA. BY T. GRAINGER STEWART, M. D., EDIN. New York: William Wood & Co., 1888.

This volume embodies the views of the author upon the chief clinical questions discussed in his book upon Bright's Diseases. It contains a full discussion of the forms of albumen and the tests; the so-called albuminuria of health; other albuminurias, diagnosis, prognosis, diet and medication.

THE PHYSICIAN'S VISITING LIST FOR 1889. Thirty-eighth year of its publication. Philadelphia: P. Blakiston, Son & Co.

This list is too well known to require further description. In the time it has been before the public it has been gradually elaborated into the shape it now possesses, which appears to suit the needs of the majority of physicians.

TREATMENT OF CYSTIC GOITRE. BY T. MARK HOVELL, F.R.C.S.E. London: J. & A. Churchill. Price, one shilling.

THE BIOLOGICAL CELL—AN ARGUMENT. BY L. HARRISON METTLER, A. M., M.D. Philadelphia: Records, McMullin & Co.

MINERAL AND THERMAL SPRINGS OF CALIFORNIA. BY W. F. McNUTT, M. D., San Francisco, Cal.

INEBRIATE ASYLUMS AND THEIR WORK. BY T. D. CROTHERS, M.D.

THE CATALOGUE OF THE TOKYO MEDICAL LIBRARY. Sei-i-Kwai, Tokyo. Printed by the Insatsubun. 1888.

CONSTITUTION AND BY-LAWS OF THE AMERICAN PEDIATRIC SOCIETY. Philadelphia. J. B. Lippincott & Co.

ECZEMA: ITS TREATMENT. BY ALBERT E. CARRIER, M.D., Detroit, Mich.

A CASE OF HEREDITARY SYPHILIS SIMULATING LEPROSY. BY A. H. OHMANN-DUMESNIL, A. M., M.D. St. Louis, Mo.

ADDRESS OF THE PRESIDENT TO THE AMERICAN GYNECOLOGICAL SOCIETY. By Robert Battey, M. D. 1888.

ABSTRACTS.

SNOW-BLINDNESS.

BERLIN states that the following symptoms are observed: intense burning pain in the eyes, lachrymation, photophobia, blepharospasm, hyperæmia of the conjunctiva of the globe, then of the lids, followed by chemosis of the exposed part of the globe. In bad cases, the cornea becomes opaque, the pupils are contracted, and the fundus oculi slightly hyperæmic. Sight is unimpaired, but the field is narrowed. Most cases recover in a few days, unless corneal ulcer occurs, which alone causes blindness. The affection is due to the action of the sun's rays, when there is no moisture in the air to absorb the radiant heat. The skin often shows a dermatitis due to the same cause.

Berlin recommends the local application of cocaine, with the ordinary use of dark spectacles.—*Lancet.*

ADONIDINE.

OLIVER reports seven cases of aortic and mitral regurgitation in which he used adonidine. In every case the unpleasant symptoms were relieved. He found no diuretic effect produced by the drug, which is purely a heart tonic; acting chiefly on the heart, raising the arterial tension gently. The cases of aortic regurgitation in which it answers best are those where the lesion is due to traumatic rupture of the valves or to chronic aortitis, and not to rheumatic endocarditis. —*Lancet.*

RICKETS.

At the British Medical Association, CHEADLE opened the discussion on rickets with an address, of which we give the following summary:

1. Rickets is primarily a diet-disease, which can be caused at will by rachitic diet just as certainly as scurvy by a scorbutic diet; and which can be cured as certainly by antirachitic diet as scurvy by an antiscorbutic diet.

2. The chief defect in diet which causes rickets is want of animal fat.

3. With this there is probably also deficiency of the earthy salts in the form of phosphates.

4. A deficiency of animal proteid, in conjunction with the preceding, intensifies the condition.

5. The rickety state is accentuated

by evil external hygienic conditions, such as foul air and want of light; although these are not essential to its production.

6. Rickets is modified in character by the concurrent existence of congenital syphilis and of scurvy.

In addition to ordinary rickets, there are certain aberrant forms of doubtful pathology. Fœtal rickets is generally a condition allied to cretinism.

—*Brit. Med. Journal.*

COMMON CRAMP.

HINE, in *The Lancet*, attributes muscular cramp to pressure as the usual cause. He gives some instances of cramp occurring after a hearty meal. Indigestion and cold favor its production. If the stomach be distended, the cramp occurs in the pectoral or abdominal muscles. The weight of the bed-clothes or of one leg over another will also provoke an attack. Heart-burn and cramp are often concomitants. Gout is also a common cause. Cramp is uncommon in dispensary practice. Exposure to cold while sweating and drinking large draughts of cold liquids have been promptly followed by cramp. Claret and cider are specially apt to produce attacks. Teetotalers are not, however, exempt. Stronger wines do not produce it. Hard cheese, pork, shell-fish, conger-eel, pickles and salads, except lettuce and cress, are likely to give rise to cramp.

Another cause may be found in unusual and excessive exercise.

As predisposing causes he enumerates rheumatic or gouty diathesis, irritable bladder, urethral or rectal stricture, as of the first rank; followed by torpid liver and disease of the kidneys and supra-renal capsules.

As to preventive treatment, he advises that those who are liable to cramp shall take no fluids within two hours before going to bed. Biscuit or dry toast should form the supper; especially charcoal biscuits. A visit should be paid to the closet before retiring.

He recommends the following pill:

R * Ext. conii gr. j
Ext. nucis vomicæ gr. ss
Ext. belladonnæ gr. ss
Pulv. myrrhæ gr. ss
Gingerine gr. j

M. S. To be taken every second night.

For slight cramp, the local use of a cold, wet sponge gives relief. Friction by the hand, firmly used, is also good. In severe cases, belladonna liniment, with or without chloroform liniment, is efficacious. Where these fail, pure laudanum may be actively rubbed in.

If these fail, he gives chloroform by inhalation, if there is no heart or kidney disease.

CASCARA SAGRADA IN RHEUMATISM.

Dr. Cottell, in the *American Practitioner and News*, gives a very favorable report upon this new use for cascara. In a case of rheumatic arthritis which had resisted the ordinary drugs for some weeks, relief followed the use of cascara. In lumbago a like good result ensued. In a case of inflammation of both knee joints, of doubtful rheumatic origin, with sub-acute myelitis, some improvement followed the addition of cascara to the drugs previously ineffectually employed.

SIX FACTS TO BEAR IN MIND.

1. Typhoid fever is caused by the introduction of a specific germ into the alimentary canal.

2. This specific germ multiplies in the alimentary canal, and in turn is thrown off in the stools of the patient.

3. Its vitality is much greater than at first supposed, resisting a variation of temperature ranging from even below the freezing point to 133° F.

4. The germ may be communicated from one person to another by water, milk, foods and air.

5. To prevent its spread, all the dejecta should either be burned at once (which is preferable), or thoroughly disinfected, by throwing them into a pot of boiling water and thoroughly cooking them, or using some effective germicide, such as a strong solution of the bichloride of mercury in sufficient quantities to insure their destruction before they are buried, which should be at a sufficient distance from any neighboring water supplies to insure their freedom from contamination.

6. If the water supply is of a suspicious character, thoroughly boil it before using, and then place it where there is no possibility of its becoming infected. If ice is used, pack it around

the water vessel, not allowing the melted ice in any way to enter your drinking water.

By the strict observance and practical application of these few simple hints, I am certain you will soon be led to believe that typhoid fever is a preventable disease.

—DR. REED, in *Sanitary News*.

BLINDNESS IN JAPAN.

On July 31, 1888, the students in the school for the blind and dumb at Tōkyo, Japan, were examined as to the cause of the blindness and dumbness, and found as follows:

CAUSE OF BLINDNESS.

CAUSE.	AGE AT WHICH SIGHT WAS LOST.										
	BORN BL.	1 YR.	2 YR.	3 YR.	4 YR.	5 YR.	9 YR.	12 YR.	14 YR.	16 YR.	TO- TAL.
Congenitus.....	2	—	—	—	—	—	—	—	—	—	2
Scrofula.....	—	3	1	1	1	—	—	—	—	—	5
Ophthalmia.....	—	—	1	—	1	—	—	—	—	—	2
Encephalopathy.....	—	—	—	—	—	—	—	—	—	—	—
Diphtheritis.....	—	—	—	—	—	—	—	—	—	—	—
Trachoma.....	—	—	—	—	—	1	—	—	—	—	1
Debility.....	—	—	—	—	—	—	—	—	1	—	1
Not known.....	—	1	—	—	—	—	—	—	—	—	1
Total.....	2	4	3	1	2	1	1	1	1	1	18

CAUSE OF DUMBNESS.

CAUSE.	AGE AT WHICH DUMBNESS OCCURRED.									
	BORN DUMB.	1 YR.	2 YR.	3 YR.	4 YR.	5 YR.	NOT KNOWN.	TO- TAL.		
Congenitus.....	17	—	—	—	—	—	—	17		
Eclampsia.....	—	1	3	—	—	1	—	5		
Encephalopathy.....	—	—	1	1	—	—	—	2		
Scrofula.....	—	—	1	—	1	1	—	3		
Febria.....	—	—	—	—	—	—	—	—		
Not known.....	—	—	—	—	—	—	3	3		
Total.....	17	1	5	1	2	1	3	33		

According to the above account it will be seen that the largest number of cases was due to scrofula, and in the first and second years of age. The largest number of cases of dumb persons was due to eclampsia and in the second year of age, save that 17 persons were born dumb. Very few were born blind, but more than half the cases of dumbness are born so.

The loss of sight occurred during the period from the 1st to the 16th year of age; but there was no case of a person becoming dumb after attaining the age of six years.

The above should not be taken as a perfect standard, as it is the result of an examination of the students in that school.—*The Sei-I-Kwai Medical Journal*.

From the same journal we find the following interesting correspondence from Dr. Vabrius delson of Berne, on *Bacteriology of Trachoma*:

Dr. Kùkharsky, of Tiflis, undertook extensive experimental researches in the Hygienic and Chemical Laboratory of the Caucasian District Medico-Military Board, the material being derived from 26 cases of typical acute and chronic trachoma. The results, briefly told are:

1. Trachoma represents a specific infectious affection of the conjunctiva.

2. In every trachomatous case, the conjunctival discharge contains great numbers of rod-shaped microbes of a special kind, which lie within pus-cells amidst fragments of the cell's nucleus. When inoculated to blood-serum, the bacilli assume, about the 18th day, the shape of little chains resembling a streptococcus.

3. The trachomatous follicle invariably contains great numbers of small diplococci of varying size and of a certain characteristic species.

4. The microbe is characterized by the following morphological and biological features: Its pure culture consists of monococci and diplococci resembling gonococci and pyogenic micrococci generally. Now and then, 8-shaped diplococci are also present. In a suspended drop of water, some cocci manifest "saltatory movements" followed by the rotary or oscillatory ones.

5. In its pure culture, trachoma microbes closely resemble in certain relations the staphylococcus pyogenes albus. But it is easily distinguished by the following characteristic particulars:

a. The staphylococcus is stained by a 1 per cent. solution of fuchsin in a 35 per cent. alcohol far less readily than the trachoma-coccus.

b. The film developed by the staphylococcus does not form any threads on its lifting up.

c. The staphylococcus liquefies the whole gelatine contents of a test tube in 5 or 6 days, while the trachoma-microbe accomplishes the same not before four or five weeks.

d. In the case of the staphylococcus, the liquefaction advances from the surface downwards, while in that of the trachoma-coccus the process starts from

the needle's track to spread towards the periphery.

e. The subcutaneous injections of the staphylococcus culture into rabbits give rise to intense local phenomena with fever, while the inoculation of the trachoma culture in an equal dose does not produce either local or general symptoms.

6. To study the pathogenic properties of the trachoma micro-organism Dr. Kùkharsky carried out the following inoculative experiments:

a. With pure cultures of the coccus from a trachomatous follicle, which were either rubbed into the conjunctiva, or injected under it in 4 rabbits, 7 cats, 2 dogs, 5 pigeons and 4 men. In none of the 22 cases could anything like trachoma grains be produced. In 13 of 18 lower animals, only conjunctival congestion appeared, accompanied in some by temporary opacity or infiltration of the cornea, catarrh, and in four cats by small nodules which, however, disappeared with the subsidence of catarrhal phenomena. Of four men, in two no symptoms whatever were observed, while in the others only a mild catarrh of a few days' duration followed.

b. With discharge from acute trachoma, which was rubbed into the conjunctiva of a rabbit, the result was entirely negative.

c. With a pure culture of the bacilli obtained from the discharge from a case of acute trachoma, introduced into the conjunctival sac of a man, it was followed only by a short-lasting, slight swelling of the lids, with scanty, muco-purulent discharge and minute vesicles over the mucous membrane.

d. With the contents of a trachomatous grain, which was rubbed into the conjunctiva of four cats, and only in one of them was the inoculation followed by the development of apparently true trachomatous follicles, which could be still seen about ten months later.

7. The pathogenic power of the trachoma-microbe, therefore, demands yet further extensive investigations.

8. The rod-shaped bacteria of the discharge forming the streptococcus-like bodies in cultures deserves the special attention of observers, since there are certain grounds to suppose that the bacilli and streptococci repre-

sent transitory evolutionary stages of one and the same trachomatous microbe.

9. The so-called "follicular catarrh of the conjunctiva (conjunctivitis follicularis)" bacteriologically is identical with trachoma, since in the former the same micro-organism is invariably present, as in trachoma.

MISCELLANY.

PESSIMISM.

Pessimism can find no better stimulus to effort than the desire to lessen the appalling weight of human woe which, according to its exponents, must ever remain overwhelming, and ever resist every effort for its successful mitigation. It points to no Land of Promise, the prospect of whose milk and honey may inspire the weary travellers through the wilderness; it sings no pæans over a coming era of freedom, plenty, enlightenment, and peace; it bluntly informs humanity that its lot is evil, that its best efforts will never achieve aught but some trifling mitigation of its sufferings, and that there is hope neither in the future of the race nor beyond the grave.

These doctrines are in every respect identical with the teaching of *Gautama*, whose influence in the Eastern World has been so potent. Berlin has answered Benares in the cry that life is evil, that hope is vain, that only in self-renunciation will the cravings of man find solace and rest.

When we come to consider pessimism from the impartial point of view of scientific scrutiny, we become impressed with the conviction that it indicates less a normal development of human thought than a moral and intellectual disease—the outcome in all probability of the unhappy surroundings of the individual, or the untoward tendencies of the epoch. If life be stigmatized as worthless, the general sense of humanity will conclude that the speaker has probably made shipwreck of its worth.

—*Lancet*.

The *Lancet* states that a high legal functionary, at an inquest upon the body of an infant, stated that "it is the inviolable practice to let illegitimate children die." Hundreds of children an-

nually die in Birmingham from improper feeding.

The Medical Press says that an attempt has been made to collect the views of medical men on the alleged degeneracy of the English race. Several replied that as a race the degeneracy is real. One attributes this to compulsory education, another to the prevalence of nameless crimes, a third to the want of a good basin of broth for dinner, and a fourth blamed it upon increased facility for locomotion. Most of the answers were that the race has not suffered because the unfit are kept alive to propagate, but there were numerous dissidents to this. All agreed as to the value of athletic sports.

CHANGES IN THE MEDICAL CORPS OF THE U. S. NAVY FOR THE WEEK ENDING DECEMBER 1st, 1888.

SURGEON J. H. GAINES.—Detached from the "Dolphin" and ordered home.

P. A. SURGEON FRANK HENDERSON.—Detached from the "Pensacola" and to the "Dolphin."

SURGEON WM. H. JONES.—Detached from the "Richmond" and to the "Pensacola."

P. A. SURGEON A. C. H. RUSSELL.—Detached from the Naval Academy and to the "Wabash."

P. A. SURGEON N. H. DRAKE.—Detached from the "St. Marys" and to the Coast Survey.

P. A. SURGEON H. W. WHITAKER.—Ordered to the nautical school ship "St. Marys."

P. A. SURGEON D. O. LEWIS.—Detached from the Coast Survey and to the Naval Academy.

ASST. SURGEON A. E. WENTWORTH.—Ordered for examination preliminary to promotion.

OFFICIAL LIST OF CHANGES IN THE STATIONS AND DUTIES OF OFFICERS SERVING IN THE MEDICAL DEPARTMENT, U. S. ARMY, FROM NOVEMBER 18, 1888, to DECEMBER 1st, 1888.

LIEUTENANT-COLONEL SMITH.—After being relieved by Lieutenant-Colonel Alden will report in person to the commanding officer, Department of Arizona, for duty as Medical Director of that department, relieving Lieutenant-Colonel Richard H. Alexander. Par. 10, S. O. 268, A. G. O., Washington, November 16, 1888.

By direction of the Secretary of War, leave of absence for four months is granted Lieutenant-Colonel Richard H. Alexander, Surgeon, to take effect from the date of his relief from duty as Medical Director, Department of Arizona, by Lieutenant-Colonel Joseph R. Smith, Surgeon. Par. 11, S. O. 268, A. G. O., Washington, November 16, 1888.

LIEUTENANT-COLONEL CHARLES H. ALDEN, SURGEON.—Is relieved from further duty at the U. S. Military Academy, West Point, New York, and will report in person to the com-

[CONTINUED ON PAGE 11.]